MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09828

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA, RURAL
LENGTH OF STAY (in this place): 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 324 D Street, SE ✓

3. NAME OF DECEASED (Type or Print): (First) Archie (Middle) Gardner (Last) ADAMS

4. DATE OF DEATH: (Month) 10 (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-9-1897

9. AGE last birthday: 52 yrs. If under 1 year: Months 7 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Leesburg, Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife Anna Talbert Adams, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ENCEPHALITIS, ACUTE (CAUSE UNKNOWN) #3460 — Interval between onset and death: ABOUT TEN DAYS

343 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) NOT KNOWN.

804 (c) NONE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 7

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 October 1949, to 21 October 1949, that I last saw the deceased alive on 21 October 1949, and that death occurred at 12:50 P.m., from the causes and on the date stated above.

SIGNATURE C. F. Park (Degree or title) C.F. PARK CDR, MC, USN ADDRESS U.S.NAVAL HOSPITAL DATE SIGNED 10-22-1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10-26-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: 10-26-49 — REGISTRAR'S SIGNATURE: Elizabeth Millett

24. FUNERAL DIRECTOR: John T. Rhine — ADDRESS: 901 3rd St SW Wash DC

RECEIVED
OCT 27 1909
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09829

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomer; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg; MARYLAND; LENGTH OF STAY (in this place) 33 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomy; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg md; STREET ADDRESS (If rural give location) no

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY Louis		AUSTIN	Oct	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	col	Divorced	Aug 9 - 1909	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurse	no	Maryland	U.S.A.

13. FATHER'S NAME Joseph Lincoln

14. MOTHER'S MAIDEN NAME Louise Riggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yr., give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	no		Linnie Davis Gaithersburg MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	1 day
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease.	7 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from October 4, 1949, to October 5, 1949, that I last saw the deceased alive on October 4, 1949, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James R. Kerr	M.D.	Damascus, Md.	October 5, 1949

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Buried	Oct. 8, 1949	Brookgrove Md	Laytonsville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/7/49	Louise D Bell	Roy W. Barber	Laytonsville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
OCT 11 1949
BUREAU T. S.

09830

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5545 Bradley Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5545 Bradley Blvd.

3. NAME OF DECEASED (Type or Print) (First) ELLSWORTH (Middle) P. (Last) BAIR
4. DATE OF DEATH (Month) Oct. (Day) 1 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 29, 1917
9. AGE last birthday 32 yrs. If under 1 year Months 3 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Broker
10b. KIND OF BUSINESS OR INDUSTRY Real Estate
11. BIRTHPLACE (State or foreign country) Bethesda, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles H. Bair
14. MOTHER'S MAIDEN NAME Esther Parthemore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) W.W. 11 (If yes, give war or dates of service) W.W. 11
16. SOCIAL SECURITY NO. Yes-Unknown.
17. INFORMANT Anne Lukas Bair -wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

891.0 Immediate cause (a) Carbon Monoxide poisoning. — INTERVAL BETWEEN ONSET AND DEATH 1 hour

178b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Bethesda, (COUNTY) Montgomery, (STATE) Md.
TIME OF INJURY (Month) Oct (Day) 1, (Year) 1949 (Hour) 5a. m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Died in automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Emil G. Bauersfeld, M.D. (Degree or title) ADDRESS Bethesda, Md. DATE SIGNED Oct. 1, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE OF BURIAL Oct. 4, 1949
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. 10-2-49
REGISTRAR'S SIGNATURE W.E. Jobes
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 6 1949
BUREAU OF M

MARYLAND STATE DEPARTMENT OF HEALTH

09831

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park; LENGTH OF STAY (in this place) 3 mo 13 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C.; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D. C.; STREET ADDRESS (If rural, give location) 2324 39th St. N. W.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Louise (Last) Bales

4. DATE OF DEATH: (Month) 10 (Day) 27 (Year) 1949

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 12-27-1907

9. AGE last birthday: 41 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles H. Fleeckher

14. MOTHER'S MAIDEN NAME: Margaret VanBenam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.

17. INFORMANT: Lucille Bush R.N.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Atelectasis	Terminal
170 Antecedent cause(s) 50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metatstatic Carcinoma from R. Breast	One year.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Five Years Ago

19b. MAJOR FINDINGS OF OPERATION: Ca. R. Breast

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14, 1949, to 10/27, 1949, that I last saw the deceased alive on 10/27, 1949, and that death occurred at 10:08 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A. Hare M.D. ADDRESS Takoma Park Md. DATE SIGNED 10/27/49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Oct. 31, 1949 NAME OF CEMETERY OR CREMATORY Arlington Nat'l LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 10/27/49 REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 Ga. Ave. Wash. D.C.

RECEIVED
OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09832

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Monrovia; LENGTH OF STAY (in this place): 53; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Montgomery Co. Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Monrovia, Maryland; STREET ADDRESS (If rural, give location): RFD Monrovia, Maryland

3. NAME OF DECEASED (Type or Print): (First) Harriet (Middle) Emma (Last) Barnes

4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 1949

5. SEX: Fe.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 1, 1863

9. AGE last birthday: 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland - Frederick Co.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Rufus King Day

14. MOTHER'S MAIDEN NAME: Annn Pricilla Brandenburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Herbert Barnes Monrovia, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Heart Failure	2 days
420.0 Antecedent cause(s)	Generalized Arteriosclerosis and	
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic heart disease	
	(c) Chronic Congestive Heart Failure	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchiectasis

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Oct 28, 1949, that I last saw the deceased alive on Oct 28, 1949, and that death occurred at 9:55a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ralph L. Nicholson, M.D. ADDRESS: Damascus, Maryland DATE SIGNED: Oct. 29, '49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Nov. 1, 1949 NAME OF CEMETERY OR CREMATORY: Bethesda Methodist LOCATION (City, town, or county) (State): Brownyingsville, Md.

DATE REC'D BY LOCAL REG. Oct. 30-49 REGISTRAR'S SIGNATURE: Della W. Burdette

24. FUNERAL DIRECTOR ADDRESS: Olin L. Molesworth, Damascus, Md.

RECEIVED
NOV 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09833

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (Rural); LENGTH OF STAY (in this place): 6mos26das; HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia; COUNTY: Arlington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington; STREET ADDRESS (If rural, give location): 1311 N.Ode St.Arlington,Va.Apt 614

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	Rose	BARRY	Oct 15	49	19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	7-7-23	26 yrs.	3	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	- - - - -	Washington	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles T. Mc Hale	Olga Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	--	- - - -	Husband:Lynn F Barry (Same as block 2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hodgkins lymphoma with extensive metastases	8 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cachexia	6 mos
201 55e	(c) Bronchopneumonia	1 wk

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 23, 1949, to Oct 15, 1949, that I last saw the deceased alive on Oct 15, 1949 and that death occurred at 1025 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): S. M. Spaulding CDR MC USN — ADDRESS: USNH, Bethesda, Maryland — DATE SIGNED: 10/19/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-18-49	Arlington, National	Arlington Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/20/49	Elizabeth Willett Elizabeth Willett	CHAMBERS; R Martin	3072 M St., Wash., DC

RECEIVED
OCT 21 1949
BUREAU F. S.

09834

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodfield — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gaithersburg R.F.D.# 1	STREET ADDRESS (If rural, give location): Gaithersburg R.F.D.# 1

3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) WASHINGTON	(Last) BEALL Beall	4. DATE OF DEATH	(Month) Oct. 2 (Day) (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 11/10/73	9. AGE last birthday: 75 yrs.	If under 1 year: Months 10, Days 22; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Technician	10b. KIND OF BUSINESS OR INDUSTRY: U.S. Public Health	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Thomas J. Beall	14. MOTHER'S MAIDEN NAME: Catherine G. Owen				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mrs Anna H. Beall (wife)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis, Acute, Severe

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease. Undetermined

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1947, to present, 19....., that I last saw the deceased alive on Sept. 19, 1949, and that death occurred at 8 05 a.m., from the causes and on the date stated above.

SIGNATURE: Jack Schumacher (Degree or title) M.D. ADDRESS: Gaithersburg, Md. DATE SIGNED: Oct. 3, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Oct. 5, 1949	NAME OF CEMETERY OR CREMATORY: Rockville Union	LOCATION (City, town, or county) (State): Rockville, Maryland
DATE REC'D BY LOCAL REG.: 10-4-49	REGISTRAR'S SIGNATURE: Amelia G. Cooke	24. FUNERAL DIRECTOR: Robert A. Pumphrey	ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09835

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville, Md. R.F.D. #4
STREET ADDRESS (If rural, give location): Viers Mill Road

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) ETTA (Last) BENNING

4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 16, 1859

9. AGE last birthday: 90 yrs. If under 1 year: Months. 5 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Backstown, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christain Shank

14. MOTHER'S MAIDEN NAME: Nancy Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. W.S. Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bilateral Bronchopneumonia — Interval between onset and death: 1 week

Antecedent cause(s) (b) Generalized Arteriosclerosis — 2 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

#450.0

107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1946 to Oct. 24, 1949, that I last saw the deceased alive on Oct. 23, 1949 and that death occurred at 2:45 P m., from the causes and on the date stated above.

SIGNATURE: Horace H. Custer (Degree or title) ADDRESS: 1852 Col Rd NW Wash DC DATE SIGNED: 10/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE: 10/27/49 | NAME OF CEMETERY OR CREMATORY: Berlin Cemetery | LOCATION (City, town, or county) (State): Berlin, Pa.

DATE REC'D BY LOCAL REG. 10/25/49 | REGISTRAR'S SIGNATURE: [illegible] Registrar

24. FUNERAL DIRECTOR: S.H. Hines Co. ADDRESS: 2901-14th ST. N.W. WASH. D.C.

VS. A15

RECEIVED
OCT 28 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09836

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laytonsville | LENGTH OF STAY (in this place): 7
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) W. (Last) Bosley

4. DATE OF DEATH: (Month) October (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 24, 1886

9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Howard Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Washington Bosley

14. MOTHER'S MAIDEN NAME: Anna L. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 213 01 6814

17. INFORMANT: Mazella L. Bosley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis, Myocardial Infarction — Interval Between Onset and Death: 4 days

420.0 Antecedent cause(s) 93d — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Disease — Interval Between Onset and Death: Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 7, 1949, to Oct. 17, 1949, that I last saw the deceased alive on Oct. 17, 1949, and that death occurred at 7 55 P.M., from the causes and on the date stated above.

SIGNATURE: Jack Schumacher (Degree or title) M.D. ADDRESS: Gaithersburg, Md. DATE SIGNED: Oct. 18, 1999

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Oct. 20 1949 | NAME OF CEMETERY OR CREMATORY: Kemptown | LOCATION (City, town, or county) (State): Kemptown, Md.

DATE REC'D BY LOCAL REG.: 10/20/49 | REGISTRAR'S SIGNATURE: Louis O'Bell

24. FUNERAL DIRECTOR: Roy W. Barber ADDRESS: Laytonsville, Md.

VS. A15

RECEIVED
OCT 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09837

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - White Oaks, S. S.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - White Oaks, Silver Spring
STREET ADDRESS (If rural, give location): White Oaks

3. NAME OF DECEASED (Type or Print): (First) MRS. KATIE (Middle) VIOLET (Last) BOTELER

4. DATE OF DEATH: (Month) October (Day) 29 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 13, 1874

9. AGE last birthday: 75 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired nurse

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Lewis Miller

14. MOTHER'S MAIDEN NAME: Annie E. Lindsay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: (daughter) Margaret E. Turner - 8910 1st Ave.,S.S.Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolism	2 hrs.
331 Antecedent cause(s) 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage	6 hrs.
	(c) Generalized Arteriosclerosis	10-15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1939, to Oct 29, 1949, that I last saw the deceased alive on Oct 29, 1949, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W B Wardrop. MD 837 Bonifant St. Silver Spring Oct 31 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 11/1/49

NAME OF CEMETERY OR CREMATORY: Colesville Cemetery

LOCATION (City, town, or county) (State): Colesville, Maryland

DATE REC'D BY LOCAL REG.: 10/31/49

REGISTRAR'S SIGNATURE: J. Hilton Dodd

24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey, Inc. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09838

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, (rural)
LENGTH OF STAY (in this place) 20 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 28 Rhode Island Ave., NE. ✓

3. NAME OF DECEASED (Type or Print): (First) Leonard Arthur (Middle) BRENNAN (Last)

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-12-73

9. AGE last birthday: 76 yrs. If under 1 year: Months 1, Days 22, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Mathew Brennan

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) SpanAmer

16. SOCIAL SECURITY No.: - - - - - - - - -

17. INFORMANT AND ADDRESS: 28 Rhode Island, Ave Wife: Ethel A. Brennan: NE, Washington, DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic heart disease —	3 years.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	?
	(c) Bronchogenic Cancer —	?

162 47c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 3, 1949, to Oct. 4, 1949, that I last saw the deceased alive on Oct. 4, 1949 and that death occurred at 1:50 P.m., from the causes and on the date stated above.

SIGNATURE S. R. Mills Jr. (Degree or title) S. R. Mills, Jr. LTJG MC USN ADDRESS USNH, Bethesda, Maryland DATE SIGNED 10/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 10-7-49 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Allentown, Pennsylvania

DATE REC'D BY LOCAL REG. 10/10/49 | REGISTRAR'S SIGNATURE Elizabeth Willett Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS S.H.Hines: 2901 11thStNW, Wash. D.C. AMB

RECEIVED
OCT 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09839

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH- COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 9 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda 14
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7804 Custer Rd.	STREET ADDRESS (If rural, give location) 7804 Custer Rd.

3. NAME OF DECEASED (Type or Print)	(First) Scott	(Middle) Ridge	(Last) Brewer	4. DATE OF DEATH	(Month) Oct	(Day) 16	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 29, 1891	9. AGE last birthday 58 yrs.	If under 1 year Months 4	Days 15	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate-Ins.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ladago, Ind.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George E. Brewer			14. MOTHER'S MAIDEN NAME Nellie Scott				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If year, give war or dates of service) W.W.I	16. SOCIAL SECURITY NO. 579-22-391	17. INFORMANT Mrs. Eda Brewer - Wife				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Instant
420.1 Antecedent cause(s)	(b) Hypertensive Heart Disease	Several Years
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributiog to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1944, to Oct, 1949, that I last saw the deceased alive on Oct 12, 1949, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leo I. Donovan MD		8016 - Georgetown Road Bethesda Md	10/17/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/19/49	Arlington National Cem.	Ft. Myer	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-19-49	W. E. Jobes	Rockwater, Chas. Humphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 21 1980
REGULATORY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09840

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA — LENGTH OF STAY (in this place): 7 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sellman
STREET ADDRESS (If rural, give location): 70 Ross Keeney on C.E. Knill Farm

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Baby (Boy) Brown
4. DATE OF DEATH (Month) (Day) (Year): October 21 1949
5. SEX: Male
6. COLOR OR RACE: Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 7 hrs old
8. DATE OF BIRTH: Oct. 20-49-7:53 P.M.
9. AGE last birthday: yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min. 7 hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby 7 hrs old
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Clarence Hatfield
14. MOTHER'S MAIDEN NAME: Mabel Virginia Etzler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs Mabel Virginia Etzler Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 7h 3 min.

Antecedent cause(s)

776 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1949, to Oct. 21, 1949, that I last saw the deceased alive on Oct. 21, 1949, and that death occurred at 2:50A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert Nhewis, M.D. — ADDRESS: Suburban Hospital, Bethesda, Md. — DATE SIGNED: 10-24-49

23. BURIAL, CREMATION REMOVAL (Specify): CREMATION — DATE: 10-25-49 — NAME OF CEMETERY OR CREMATORY: SUBURBAN HOSPITAL — LOCATION (City, town, or county): BETHESDA — (State): MD

DATE REC'D BY LOCAL REG. 10-27-49 — REGISTRAR'S SIGNATURE: W. E. Jobes — 24. FUNERAL DIRECTOR: A. B. Solon / Supt. — ADDRESS:

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 29 1949
BUREAU T. S.

Evidence for addition in #1 shown on:

FHW No. G 122 OCT 27 1949

09841

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Yorktown Village
LENGTH OF STAY (In this place): 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 103 Carleton Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Yorktown Village Md
STREET ADDRESS (If rural, give location): 103 Carleton Drive

3. NAME OF DECEASED (Type or Print): (First) Ina (Middle) Etta (Last) Brown

4. DATE OF DEATH: (Month) OCT (Day) 19 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: April 16 1868

9. AGE last birthday: 81 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oakes N.D.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Hamlinie Denning

14. MOTHER'S MAIDEN NAME: Mary Etta Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Anna B Denning

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of stomach	6 mo.
151 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 462	(b) with metastasis to liver	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: June 15.1949

19b. MAJOR FINDINGS OF OPERATION: same as cause of death

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 47, to Oct 17, 49, that I last saw the deceased alive on Oct 17, 49, and that death occurred at 10 m., from the causes and on the date stated above.

SIGNATURE: C P Ryland — (Degree or title) MD — ADDRESS: C. P. RYLAND, M. D. 4901 MASSACHUSETTS AVE., N. W. WASHINGTON 16, D.C. — DATE SIGNED: OCT 19 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/21/49 — NAME OF CEMETERY OR CREMATORY: Adas Hill — LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: 10-20-49 — REGISTRAR'S SIGNATURE: W E Gobes

24. FUNERAL DIRECTOR — ADDRESS: Chevy Chase Funeral Home 5101 Wis. ave. N.W.

RECEIVED

09842

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda (Rural) — LENGTH OF STAY (in this place): 138 Dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): District of Columbia
STREET ADDRESS (If rural, give location): 820 Maine Ave. S.W. Wash., D.C.

3. NAME OF DECEASED (Type or Print): (First) Matt (Middle) Bobbie (Last) BURNS
4. DATE OF DEATH: (Month) 10 (Day) 22 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 6-15-96
9. AGE last birthday: 53 yrs. If under 1 year: Months 4, Days 7. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Marine Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Engineer
11. BIRTHPLACE (State or foreign country): Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James H. Burns
14. MOTHER'S MAIDEN NAME: Ella Northern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: BN Paris Island, S.C. Lorna B. Dickerson, PFC USMC W, 3D R2C TRNG

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular disease — 5 years

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Uremia. — 3 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 June, 1949, to 22 October 1949, that I last saw the deceased alive on 22 October 1949, and that death occurred at 5:35 A m., from the causes and on the date stated above.

SIGNATURE: J.H. Hege (Degree or title) LT, MC, USN — ADDRESS: U.S. Naval Hospital, Bethesda, Md — DATE SIGNED: 10-24-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 10/25/49 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county): Arlington, (State): Virginia.

DATE REC'D BY LOCAL REG: OCT 26 — REGISTRAR'S SIGNATURE: Elizabeth Willett — 24. FUNERAL DIRECTOR: W. W. CHAMBERS, 1400 Chapin St. N.W. — ADDRESS: Wash, D.C.

B.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 27 1943
BUREAU V. S.

Evidence for change in #7 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09843

FILM No. G 122 NOV 25 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 60 das
HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Springs
STREET ADDRESS (If rural, give location): 11000 Horde Street

3. NAME OF DECEASED (Type or Print): (First) Dominick (Middle) Lynch (Last) CARMODY

4. DATE OF DEATH: (Month) 12 Oct. (Day) 13 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-4-87

9. AGE last birthday: 62 yrs. If under 1 year: Months 6, Days 9; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: --------

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert E. Carmody

14. MOTHER'S MAIDEN NAME: Charolette Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.: - - - - -

17. INFORMANT AND ADDRESS: Sistere Lousia Alberti (Same as block #2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1 **Immediate cause** (a) Epidermoid Carcinoma Left ear — Interval Between Onset and Death: 5 yrs

Antecedent cause(s)

53 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-27-49

19b. MAJOR FINDINGS OF OPERATION: Necrotic bone

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8, 1949, to Oct 12, 1949 that I last saw the deceased alive on 12 Oct., 1949, and that death occurred at 10:44 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. J. Blanchard LTJG, MC USN — ADDRESS: USNH, Bethesda, Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10-17-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 11/1/49 — REGISTRAR'S SIGNATURE: Elizabeth W. Wellst

24. FUNERAL DIRECTOR — ADDRESS: WARNER PUMPHREY: 8434 Georgia Ave, Silsprs Maryland.

F.K.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 2 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09844

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH
COUNTY: Montgomery
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
LENGTH OF STAY (In this place): 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	William	Dorsey	Clark		Oct.	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Jan. 30, 1882	67 yrs.	8	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Farmer Supply	Howard Co., Md.	U.S.A.

13. FATHER'S NAME: James H. Clark

14. MOTHER'S MAIDEN NAME: Elizabeth Linthicum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	220-14-1723	William Dorsey Clark Jr.-Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) UREMIA (PRERENAL AZOTEMIA)	FOUR DAYS
Antecedent cause(s)	(b) ARTERIOSCLEROTIC HEART DISEASE	TEN YEARS
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) NEPHROSCLEROSIS	TEN YEARS

442
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
NO			m.		

22. I hereby certify that I attended the deceased from AUGUST, 1949, to OCT. 15, 1949, that I last saw the deceased alive on OCTOBER 13 1949, and that death occurred at 5:20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gordon S. Rosenberger	M.D.	Rockville, Maryland	Oct. 14, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 16, 1949	Rockville Union	Rockville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-15-49	[signature]	[signature]	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 1F 1949
BUREAU Y. S.

09845

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 12 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Ranier
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San. + Hospital	STREET ADDRESS (If rural, give location): 2502 Arundel Rd. ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Doris Elizabeth Collins			4. DATE OF DEATH (Month) (Day) (Year): October 5 1949		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb. 14, 1917	9. AGE last birthday: 32 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Washington D.C.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Wesley B. Moore		14. MOTHER'S MAIDEN NAME: Mabel E. Orrum			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Atelectasis of Pulmonary tree (tree)	1 day
081 Antecedent cause(s)	(b) Convalescing Spinal Poliomyelitis	1 year
106 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Same as above - due to mucous plugs.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Purulent Bronchitis.

19a. DATE OF OPERATION: 10-4-49	19b. MAJOR FINDINGS OF OPERATION: Bronchoscopy removed plug from rt lower lobe bronchus	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1949, to 10-5, 1949, that I last saw the deceased alive on 10-5, 1949, and that death occurred at 12:16 P.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr Doe K. Meade M.D.		Takoma Park, Md	10-5-49

23. BURIAL CREMATION REMOVAL (Specify)	DATE: Oct 10 1949	NAME OF CEMETERY OR CREMATORY: Arlington Nat.	LOCATION (City, town, or county) (State): Arlington Va
DATE REC'D BY LOCAL REG.: 10/6/49	REGISTRAR'S SIGNATURE: J. Wilson Dodd	24. FUNERAL DIRECTOR: Deal Funeral Home	ADDRESS: 4812 Ga Ave NW Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 8 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09846

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenachers (Dies) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenachers Green Acres
STREET ADDRESS (If rural give location) 3505 Greenway Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	A.	Conroy.	October	31	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept. 20, 1906	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Field Supt. | 10b. KIND OF BUSINESS OR INDUSTRY Standard Oil | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY U. S. A.

13. FATHER'S NAME Patrick E. Conroy | 14. MOTHER'S MAIDEN NAME Anna Fannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mary B. Conroy (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Rectosigmoid.

154 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46d (b) metastases to Liver

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-14-49	Carcinoma of Rectosigmoid & Metastases to Liver	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 16, 1947, to Oct 31, 1949 (10-31-49) that I last saw the deceased alive on Oct 26, 1949, and that death occurred at 7:10 A.m., from the causes and on the date stated above.

SIGNATURE W. Dwyer M.D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 2, 1949		Cumberland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10-31-49	W. C. Jobes	Chevy Chase Funeral Home 5101 Wis. ave N.W.

RECEIVED
NOV 4 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09847

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery Co., MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
~~HOSPITAL OR INSTITUTION~~ STREET ADDRESS 8115 University Lane	STREET ADDRESS (If rural, give location) 8115 University Lane

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Eleanor	(Last) Creesy	4. DATE OF DEATH (Month) Oct 31, (Day) 1949 (Year) 19
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 6/4/1895	9. AGE last birthday 54 yrs. If under 1 year Months, Days; If under 24 hrs. Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington, D.C.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Albert L. Martin		14. MOTHER'S MAIDEN NAME Emma A. Doyle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. -	17. INFORMANT Clyde K. Creesy husband		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Tumor of Brain. — 8 mos.

162 Antecedent cause(s)

47c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchiogenic Carcinoma — 8 mos.

(c) Generalized metastases

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION 6/1/49	19b. MAJOR FINDINGS OF OPERATION Tumor of the right temporal lobe.	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	INJURY OCCURRED While at Work ☐ Not While at Work ☐	HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from June 1, 1949, to 10/31, 1949 that I last saw the deceased alive on 10/31/49, 19..., and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John P. Gallagher MD — ADDRESS 2023 R St. N.W. - Wash. D.C. — DATE SIGNED

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) burial	DATE 11/2/49	NAME OF CEMETERY OR CREMATORY Arlington Nat. Cemetery	LOCATION (City, town, or county) (State) Arlington, Va.
DATE REC'D BY LOCAL REG. 10/31/49	REGISTRAR'S SIGNATURE J. Wilson Dodd	24. FUNERAL DIRECTOR S.H. Hines Co. 2901-14th St. N.W. Wash. D.C.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10220

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~125~~215

1. PLACE OF DEATH COUNTY: MONTGOMERY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: PENNSYLVANIA COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA, RURAL — LENGTH OF STAY (in this place): 5mo 22 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PHILADELPHIA
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U S NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): 2919 D STREET

3. NAME OF DECEASED (Type or Print)	(First) DANIEL	(Middle) JOHN	(Last) CRIMILISK	4. DATE OF DEATH	(Month) 10-29-1949 (Day) (Year) 19
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): UNKNOWN	8. DATE OF BIRTH: 8-9-89	9. AGE last birthday: 60 yrs.	If under 1 year: Months 2, Days 20; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Pennsylvania	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Daniel Crimilisk		14. MOTHER'S MAIDEN NAME: Cecilia O'Rein			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Veterans Administration			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) General, Wastive Debilitation	8 mos.
181 Antecedent cause(s)		
52b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Transitional Cell Carcinoma c̄ Metastasis (Primary Urinary Bladder)	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No XXX
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 May, 1949, to 29 October 1949, that I last saw the deceased alive on 29 October, 1949 and that death occurred at 2:45 A.m., from the causes and on the date stated above.

SIGNATURE: H.J. Cokeley (Degree or title) ADDRESS: H.J. COKELEY CAPTAIN, MC, USN, U.S. NAVAL HOSPITAL, BETHESDA, MD — DATE SIGNED: 10-31-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE: 11-3-49	NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery	LOCATION (City, town, or county) (State): Philadelphia Penna.
DATE REC'D BY LOCAL REG.: 11/5/49	REGISTRAR'S SIGNATURE: Elizabeth Willet	24. FUNERAL DIRECTOR: Ernest Adams, 5101 Wisconsin Avenue, NW Wash DC	ADDRESS

H.L.

RECEIVED
JUL 11 1949
BUREAU V. S.

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09848

CERTIFICATE OF DEATH

FHM No. G 122 NOV 23 1949

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1 mo 11 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2150 Wyoming Avenue, NW ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ewin	Lamar	DAVIS	10-23-1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	If under 24 hrs.: Hours / Min.
Male	White	Married	2-5-1876	73 yrs.	8	18

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Federal Trade Commission	Lawyer U S Govt	Tennessee	US

13. FATHER'S NAME: Maclin H Davis

14. MOTHER'S MAIDEN NAME: Christina Shofner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Son: J.W. Davis 1201 Woodside Pwky Silver Spring Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestinal hemorrhage, Massive	12 hrs.
Antecedent cause(s)	(a) Multiple ulcers of stomach + jejunum	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gastric ulcer, with massive hemorrhage into gastro-intestinal tract	8+ years
	(c) Hypertensive Cardio Vascular disease	10+ years

540.0
117a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

(11/22/49 OS)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12 Sept., 1949, to 23 October, 1949, that I last saw the deceased alive on 23 October, 1949, and that death occurred at 9:53 A m., from the causes and on the date stated above.

SIGNATURE Wade H. Boswell. (Degree or title) ADDRESS DATE SIGNED

W.H. BOSWELL LT, MC, USN, U.S.NAVAL HOSPITAL, BETHESDA, MARYLAND 10-24-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/26/49	Tullahoma Cemetery	Tullahoma, Tennessee

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
OCT 26	Elizabeth Willett	Joseph Gawler,	1756 Penna, Ave Wash DC

J. A.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 27 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09849

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg; LENGTH OF STAY (in this place):; HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.7.D.1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg; STREET ADDRESS (If rural give location): R.7.D.1

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Henry (Last) DAVIS

4. DATE OF DEATH: (Month) Oct (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 23, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas S. Davis

14. MOTHER'S MAIDEN NAME: Annie Booker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-01-6835

17. INFORMANT: Emeline Davis (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 2 days.

331 / 830 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) High Blood Pressure & arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis of both legs & left arm + Bladder

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23 1949, to Oct 25 1949, that I last saw the deceased alive on Oct 25, 1949, and that death occurred at 4.30 P m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title): MD ADDRESS: Gaithersburg Md. DATE SIGNED: Oct 26/49

23. BURIAL, CREMATION (Specify): DATE THEREOF: 10-29-49; NAME OF CEMETERY OR CREMATORY: Emory Grove; LOCATION (City, town, or county) (State): Emory Grove, Md.

DATE REC'D BY LOCAL REG. Oct. 29, 1949; REGISTRAR'S SIGNATURE: Ursula L. Cooke

24. FUNERAL DIRECTOR: Robert L. Snowden; ADDRESS: Rockville Md.

RECEIVED
NOV 1 1949
BUREAU V. S.

Evidence for addition in #21 shown on:

FILM No. G 122 NOV 22 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09850

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County: Montgomery

City or town: Silver Spring.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs 3 1/2 mos.

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Montgomery

City or town: Silver Spring
(If outside city or town limits, write RURAL and give nearest town)

Street No. 116 Northwood Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: John Mark Dewhirst

3. (b) Social Security Number: none.

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widower

6.(b) Name of husband or wife: Sophie Anna Dewhirst deceased 6/10/37. 6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Sept 15, 1875

8. AGE: Years 74 | Months — | Days 25 | If less than one day — hrs. min.

9. Birthplace: Clay County, Illinois
(Town, county, and state)

10. Usual occupation: Auditor Bureau of Internal Revenue, retired April 30, 1946

11. Industry or business: U.S. Government.

FATHER
12. Name: Joseph Dewhirst
13. Birthplace: Unknown

MOTHER
14. Maiden name: Nancy Byrne
15. Birthplace: Unknown.

16. Informant: Mr. Howard Dewhirst
Address: 5342 32nd St NW Washin DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 13, 1949 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Wash D C Suitland, Md

18. Funeral director: S H Hines Co

Address: 2901 14th St N.W.

19. Oct. 11 1949 (Date rec'd by registrar) Josephine M. Schaeffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 10 1949 at 4:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1949, to 10/10 1949 and that I last saw him alive on 10/9 1949.

Immediate cause of death: Generalized Carcinomatosis — DURATION: 9 mos.

Due to: Primary site: left upper lobe of lung [11/21/49 also]

Due to:

Other conditions: 162 (Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma left lung — *Left upper lobe removed. Date of op. Mch 21 '49

Autopsy results: None performed

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work? —

*by Dr Edgar Davis. Georgetown Hosp.

23. SIGNATURE: F A Hornsday M. D. or other

Address: 277 Mayflower Hotel Washington DC. Date signed: 10/10/49.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

QL 702 B

RECEIVED
OCT 15 1949
BUREAU V. S.

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09851

FILM No. G 122 NOV 23 1949

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersberg
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL, 8600 OLD GEORGETOWN ROAD	STREET ADDRESS (If rural, give location): R.R. # 3

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
James		Dickerson	October 31 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	Col.	X	Dec. 16, 1888	60 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farmer	Spotsylvania Co. Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Dickerson	Josephine Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

177

Immediate cause (a) Carcinomatosis

51b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Primary site: Carcinoma of prostate with metastasis

(c) to the pelvic bones and both lungs. (11/23/49 as)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-26 1949 to 10-31, 1949 that I last saw the deceased alive on Oct., 30, 1949, and that death occurred at 8:45A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. D. Li	M.D.	Suburban Hospital	10/31-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-3-49	Payne	S.E. Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-31-49	M. E. Jones	Johnson - Perkins F. Home	I. C. # 1705 7 Ga Ave. NW

VS. A15

RECEIVED
OCT 4 1949
BUREAU V. S.

09852

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 8 dec. Thr. 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital Inc

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beallsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) Jane (Last) Diggs.

4. DATE OF DEATH (Month) Oct. (Day) 9 (Year) 1949

5. SEX Female
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH 3-31-1879
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Poolesville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fred Davis
14. MOTHER'S MAIDEN NAME Jane Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Dora Fisher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the colon — 6 months

153 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomatosis

46e (c) Intestinal obstruction

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Oct., 1949, to 9 Oct., 1949, that I last saw the deceased alive on 8 Oct., 1949, and that death occurred at 1:40 A m., from the causes and on the date stated above.

SIGNATURE A. D. Bonifant (Degree or title) M. D. ADDRESS Sandy Spring, Md. DATE SIGNED 9 Oct 1949

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF 10/15/49 NAME OF CEMETERY OR CREMATORY Poolesville Church. LOCATION (City, town, or county) Poolesville, Monty. (State) Md.

DATE REC'D BY LOCAL REG. 10-12-49 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR R. L. Snowden, ADDRESS Rockville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09853

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (Rural) — LENGTH OF STAY (In this place): 14 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 940 Shepperd St., N.W. Wash., D.C. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clifton	Wilkerson	DISNEY	10	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	6-18-06	43 yrs.	03	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheet Metal Worker	Sheet Metal	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Disney	Harriet Brashears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WW II		Wife: Mrs. Lillian Disney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162 Immediate cause (a) B Bronchogenic carcinoma. — 6 Months

47c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary thrombosis — 1 day

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 23, 1949, to Oct. 7, 1949, that I last saw the deceased alive on 7 Oct, 1949, and that death occurred at 12:55 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. T. JONES, Jr.	LTJG, MC, USN	USNH, Bethesda, Maryland	10/11/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-10-49	Arlington National Cemetery	Arlington, Virginia.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/11/49	Elizabeth White	W.W. CHAMBERS,	1400 Chapin St. N.W. Wash, D.C.

2062

RECEIVED
OCT. 13 1949
BUREAU V. S.

09854

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Etchison Md
LENGTH OF STAY (in this place) 74 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS m

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Etchison Md Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MAUDE (Middle) GRIFFITH (Last) DORSEY
4. DATE OF DEATH (Month) Oct (Day) 9 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec 11-1874
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Richard Griffith
14. MOTHER'S MAIDEN NAME Elizabeth Palmer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) m
16. SOCIAL SECURITY No. m
17. INFORMANT Dorthy Seal

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Found dead in bed.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brosohart M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Oct 12-1949 NAME OF CEMETERY OR CREMATORY Mt Calvert LOCATION (City, town, or county) Howard Co MD. (State)
DATE REC'D BY LOCAL REG. 10/11/49 REGISTRAR'S SIGNATURE L. D. Hell
24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09855

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Washington DC; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural; LENGTH OF STAY (in this place): 3 mo 11 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District Columbia
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital	STREET ADDRESS (If rural, give location): 515 Q street, NW ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alfred	(n)	DOUGLAS	10-16-1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Widowed	7-1-95	54 yrs.	3	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Porter	Private	Washington DC	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Douglas	Nanny Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes	WWI		Daughter: Dorthy Gross, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Malnutrition	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma, Skin, Sacrum	2 yrs.
	(c)	

191
53

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No XXX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7 July, 1949, to 16 October 1949, that I last saw the deceased alive on 16 October, 1949, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
R.F. RYAN	LTJG MC USN U.S.NAVAL HOSPITAL, BETHESDA, MD.	10-18-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-19-49	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10-20-49	Elizabeth Willett	W.E. JARVIS 1432 U St, NW, Wash DC

JBW.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 21 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09856

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Olney Montg MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co Emerald

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norbeck; STREET ADDRESS (If rural give location) Rockville R.F.D #3

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Griffin

4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: 4/11/1896

9. AGE last birthday: 53 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Valet

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Joseph Smith

14. MOTHER'S MAIDEN NAME: Mary Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Claudine Griffin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Myocarditis with — 443 93d

(c) Hypertension — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/49, to 10/6/49, that I last saw the deceased alive on 10/5/49, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE: J.M. Reid (Degree or title) M.D. ADDRESS: Sandy Spring DATE SIGNED: 10/6/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 10-9-49 | NAME OF CEMETERY OR CREMATORY: NORBECK | LOCATION (City, town, or county) (State): NORBECK, MD.

DATE REC'D BY LOCAL REG. 10-8-49 | REGISTRAR'S SIGNATURE: Gertrude B Lawler | 24. FUNERAL DIRECTOR ADDRESS: Robert L. Snowden, Rockville, Md

RECEIVED
OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09857

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 6½ mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 9600 Old Georgetown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; STREET ADDRESS (If rural, give location) 4702 Chevy Chase Blvd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) B. (Last) Dutton

4. DATE OF DEATH: (Month) October (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 24, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired U.S. Govt. Employee

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edwin Dutton

14. MOTHER'S MAIDEN NAME: Lucy Colton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary heart disease

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized

(c)

INTERVAL BETWEEN ONSET AND DEATH: —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to Oct 8, 1949, that I last saw the deceased alive on Oct 8, 1949, and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. Joseph P. Kenrick 2942 Wisconsin Ave, Bethesda, Md 10/8/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-11-49

NAME OF CEMETERY OR CREMATORY: Fort Lincoln

LOCATION (City, town, or county) (State): Prince Geo. Co. Md.

DATE REC'D BY LOCAL REG.: 10-8-49

REGISTRAR'S SIGNATURE: Nita Jones

24. FUNERAL DIRECTOR: J. Martin W. Hyson Co.

ADDRESS: 1300 N St NW

VS. A15

RECEIVED
OCT 12 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09858

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hosp. Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) See (Last) Edens
4. DATE OF DEATH (Month) 10 (Day) 19 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH October 18/49
9. AGE last birthday yrs. If under 1 year Months Days 1 If under 24 hrs. Hours 90 Min. 147
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Henry Edens
14. MOTHER'S MAIDEN NAME Ovieda Florida Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Ovieda Florida Moore Edens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory failure	
774 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 159	(b) Prematurity	1 day
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Oct, 1949, to 19 Oct, 1949, that I last saw the deceased alive on 19 Oct, 1949, and that death occurred at 6:13 P.M., from the causes and on the date stated above.

SIGNATURE A. O. Bonifant (Degree or title) ADDRESS Sandy Spring, Md. DATE SIGNED 19 Oct 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 21-1949
NAME OF CEMETERY OR CREMATORY Laytonsville Md
LOCATION (City, town, or county) Montgomery Co (State) Md.

DATE REC'D BY LOCAL REG. 10-20-49
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W Barber Laytonsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09859

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery Co
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 9

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. #1 Hawan ave N.E.
(If rural give LOCATION)
2(a) If VETERAN, NAME WAR No ✓

3. (a) FULL NAME Harry Ehrlich

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	married

6 (b) Name of husband or wife Sarah
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 1871

8. AGE: Years 78 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Russia (Town, county, and state)
10. Usual occupation Retired
11. Industry or business Clothier
FATHER 12. Name Morris
13. Birthplace Russia
MOTHER 14. Maiden name Paulus
15. Birthplace Russia
16. Informant Sarah Ehrlich wife
Address #1 Hawan ave N.E.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 1st 1949 (month) (day) (year)
Cemetery or crematory Bnai Israel
Location Oxon Hill Md
18. Funeral director Goldberg Funeral Home
Address 4717-19th St. N.W. Mr. E. Jobes
19. 10/12 1949 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/12 1949, at 5P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/27 1947, to 10/12 1949, and that I last saw h~~im~~ alive on 10/12 1949.

Immediate cause of death	Cerebral hemorrhage	1 day.
Due to	arteriosclerosis	
Due to		
Other conditions	Diabetes mellitus	4 yrs.

331.6
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE S. W. Nealon Jr. M.D
M.D. or other
Address 1746 K. St N.W. Washington D. C. Date signed 10/12/49

RECEIVED
OCT 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09860

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U S Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thomasville
STREET ADDRESS (If rural, give location) 425 Lexington Avenue

3. NAME OF DECEASED (Type or Print) (First) David (Middle) Allen (Last) ELLIOTT
4. DATE OF DEATH (Month) 10-26-49 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1-5-29
9. AGE last birthday 20 yrs. If under 1 year Months 9 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U S Marine Corps
10b. KIND OF BUSINESS OR INDUSTRY U S Govt
11. BIRTHPLACE (State or foreign country) Thomasville, N.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Austin Layfayett ELLIOTT
14. MOTHER'S MAIDEN NAME Arline BARBER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1946-1949
16. SOCIAL SECURITY NO.
17. INFORMANT FatherL Austin Lafayett ELLIOTT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

821.5 Immediate cause (a) Cerebral laceration — 10 days

170d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound fracture left femur, fracture left Sphenoid, multiple fractures left hand

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Emmittsburg (COUNTY) (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 10-16-49 5:45P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Motorcycle accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosehart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-28-49
NAME OF CEMETERY OR CREMATORY Holly Hill
LOCATION (City, town, or county) Thomasville (State) North Carolina

DATE REC'D BY LOCAL REG. 10-26-49
REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR Wastler Funeral Home, 301 E Capitol St ADDRESS Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09861

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5 Belmont Court

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING
STREET ADDRESS (If rural give location): 5 BELMONT COURT.

3. NAME OF DECEASED (Type or Print): (First) EMILY (Middle) MAY (Last) FitzGIBBON

4. DATE OF DEATH: (Month) OCTOBER (Day) 19 (Year) 1949

5. SEX: Fe

6. COLOR OR RACE: wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: DEC 22 1881

9. AGE last birthday: 67 yrs. — If under 1 year: Months 9, Days 27 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): LEAMINGTON ENGLAND

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JAMES A? HOARE

14. MOTHER'S MAIDEN NAME: MARY LANE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: SON — EDWARD JAMES FitzGIBBON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Artery Occlusion	2 AM Oct 19
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (420.1 93d)	(b) Hypertensive Heart Disease	9 hours.
	(c) Arteriosclerosis, general	11 AM Oct 19

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from H.T. MORSE M.D. ATTENDED SINCE 3/3 19 44 to Oct 19 19 49, that I last saw the deceased alive on Oct 19 19 49, and that death occurred at 11 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.E. Finch M.D. (H.T. Morse M.D.) 7 E Carroll Ave TAKOMA PARK Oct. 19 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/22/49		New Haven, Conn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 20, 1949	Josephine M. Schaffer	Arthur J. Walters	254 Carroll St. N.W. Takoma Park, D.C.

RECEIVED
OCT 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09862

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, (rural) — LENGTH OF STAY (In this place) 3mos5days
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) 431 OglethropeSt, Wash., DC ✓

3. NAME OF DECEASED (Type or Print): (First) Bernard (Middle) Joseph (Last) FOY

4. DATE OF DEATH: (Month) Oct. (Day) 11 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-3-74

9. AGE last birthday: 75 yrs. If under 1 year: Months 88 Days 68 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Bernard J. Foy

14. MOTHER'S MAIDEN NAME: Margaret C. Crowley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY NO. -------

17. INFORMANT AND ADDRESS: Son: John Foy: (Same as section 2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease, decompensation, with right hydrothorax. — 2 years.

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cholecystitis, + Choledocholithiasis with jaundice — 1 week

(c) Chronic pleuritis left lung — 25 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intracapsular fracture left hip — 6 months

Prostatic hypertrophy benign — 1 week

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1949, to Oct. 11, 1949, that I last saw the deceased alive on Oct. 11, 1949 and that death occurred at 6:12 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

S. R. Mills, Jr. LTJG USN MC — USNH, Bethesda, Maryland — 10/17/49

23. BURIAL, CREMATION REMOVAL (Specify) — DATE 10-14-49 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 10/20/49 — REGISTRAR'S SIGNATURE Elizabeth Willett — 24. FUNERAL DIRECTOR — ADDRESS CHAMBERS: 1400 ChapinSt, Wash., DC

ADP

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 21 1949
U.S. DEPT. OF AGR.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09863

Evidence for addition in #21 shown on: Film No. G 122 Nov. 25, 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 714

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:
County Montgomery
City or town Forest Glen
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 Days
Hospital, Institution, or street address where death occurred:
Forest Glen Section, Walter Reed Gen. Hospital
How long in hospital or institution? 7 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State North Carolina County
City or town New Bern
(If outside city or towo limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war World War I ✓

3.(a) FULL NAME: Benjamin F. GAY

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife Florence C. Gay
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) September 9, 1885

8. AGE: Years	Months	Days	If less than one day
64	1	1	..... hrs. ..... min.

9. Birthplace Clayden, North Carolina
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden name Unknown
15. Birthplace

16. Informant Records, Veterans Administration
Address

17. Shipment (Burial, cremation, or removal. Which?) Date thereof Oct. 13, 1949 (mooth) (day) (year)
Cemetery or crematory
Location New Bern, North Carolina
18. Funeral director W. Ernest Jarvis
Address 1432 You St NW Wash DC

19. Oct. 11 1949 (Date rec'd by registrar) Josephine M. Schaffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10, 1949 at 6:55 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 3, 1949 to October 10, 1949 and that I last saw him alive on October 10, 1949

Immediate cause of death	DURATION
Asphyxia, due to	
failure of tracheotomy airway	
during cleaning of tracheotomy tube	
Due to	
Due to	
Other conditions Pulmonary edema. Frothy material.	

161
47a (Include pregnancy within 3 months of death)

Major findings of operation Laryngotomy for squamous cell carcinoma of larynx Date of op. 9 Sept 1949

Autopsy results As above No tumor found 11/25/49 ab

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE V.H. Cornell, Col., MC
M. D. or other
Address WRGH, AMC, Wash., D.C. Date signed 11 Oct 49

Autopsy performed after conference with Coroner, Montgomery County, Dr. Borchard.

V. H. CORNELL
Col., MC

10/11/49

No. 3815

Garvin - Wash D.C.

RECEIVED
OCT 13 1949
BUREAU V. S.

vidence for change
of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09864

CERTIFICATE OF DEATH

Reg. Dist. No. 213

FILM No. G 122 NOV 1 1949

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville — LENGTH OF STAY (in this place): 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 808 City Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): 808 City Rd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) David (Last) Grogan
4. DATE OF DEATH: (Month) Oct. (Day) 13 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 30, 1882 ~~1949~~
9. AGE last birthday: 67 yrs. — If under 1 year: Months 2, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Martinsville, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: B. D. Grogan
14. MOTHER'S MAIDEN NAME: Willie Jane Jerrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY No.: 578-10-2190
17. INFORMANT AND ADDRESS: Mrs. Willie J. Grogan-Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Myocardial Infarction — 12 hours.

420.1 Antecedent cause(s) (b): Coronary Arteriosclerosis — 3-5 years.

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: obesity —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13, 1949, to 10/13, 1949, that I last saw the deceased alive on 10/13, 1949, and that death occurred at 4:30P m., from the causes and on the date stated above.

SIGNATURE: William Walsh (Degree or title) M.D. — ADDRESS: [illegible] — DATE SIGNED: 10/14/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Oct. 16, 1949 — NAME OF CEMETERY OR CREMATORY: Forest Oak Cemetery — LOCATION (City, town, or county) (State): Gaithersburg Maryland

DATE REC'D BY LOCAL REG.: 10-15-49 — REGISTRAR'S SIGNATURE: E P Thompson — 24. FUNERAL DIRECTOR: Lowell A. Humphrey — ADDRESS: Bethesda 14, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 18 1949
BUREAU V. S.

ITEM 21: 1949 confirmed by Dr. Bauersfeld, filmed G 122 10-18-49 LL

MARYLAND STATE DEPARTMENT OF HEALTH

09865

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

FILM No. G 122 OCT 18 1949

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery Co. MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium Takoma Pk., Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
STREET ADDRESS (If rural, give location): 7510 Columbia Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Jesse	Harmon	Oct	1,	1949.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	White	Single	23 May 1926	23 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Iron Worker	?	Bridgeport, Ohio	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Raymond Harmon	Rena Mae Roth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW2	?	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Internal abdominal Hemorrhage. Lacerated liver	3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) and right kidney. Lacerated pancreas.	
825.5 1700	(c) 4th & 5th left ribs fractured.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway	Silver Spring.	Mont. Co.	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
Oct 1, 1949 11:15 p.m.		automobile accident.

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Emil G. Bauersfeld	M.D. Fellow, Am. Coll. of Surgeons	Bethesda, Md	Oct 1, 1949.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4 October 49	Ceder Hill Cemetery	Suitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 3rd	Amanda W. Downey	F. Gasch's Sons	Hyattsville, Md.

1949 J. Wilson Dodd Registrar - Oct 4 1949 -

RECEIVED
OCT 4 1949
BUREAU V. S.

09866

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: W. Virginia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring rural — LENGTH OF STAY (in this place): 2 mo 14 da.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cedarcroft Sanitarium	STREET ADDRESS (If rural, give location): 129 Clay Street ✓

3. NAME OF DECEASED (Type or Print)	(First) SALLY	(Middle) ALEXANDER	(Last) HARRISON	4. DATE OF DEATH	(Month) 10	(Day) 8	(Year) 1949
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 4-9-71	9. AGE last birthday: 78 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): West Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: Jesse Alexander	14. MOTHER'S MAIDEN NAME: Elizabeth Barnett						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT: daughter - Mrs. Albert Lohm					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis

332 Antecedent cause(s)

83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-23, 1949, to 10-8, 1949, that I last saw the deceased alive on 10-8, 1949, and that death occurred at 10.50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Richard B. Thibadeau M.D. Cedarcroft San. Sil. Sp. Md. 10/8-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10/8/49	Bethesda Md	Maryland Clarksburg W. Harrison Co.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 8, 1949	Josephine M. Schaeffer	Robert A. Pumpley	Bethesda Md.

RECEIVED
OCT 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09867

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Suburban Hospital; 8600 Old Georgetown Road; Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital 8600 Old Georgetown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE maryland COUNTY Montg'y
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural, give location): 6 W. Washington

3. NAME OF DECEASED (Type or Print): (First) Baby Boy (Middle) (Last) Hindman

4. DATE OF DEATH: (Month) October (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 28, 49

9. AGE last birthday: yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours 12 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Suburban Hospital Bethesda 8600 Old Georgetown Road

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dr Thomas A. Hindman

14. MOTHER'S MAIDEN NAME: Margaret A. ~~Finegan~~ Finegan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: mother - 6 W. Washington-Kensington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bilateral atalectasis	12 hr. 4'
761.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	12 hr 4'
160.0	(c) Placental infarction - premature separation	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 28 1949, 19..., to Oct. 29, 1949, that I last saw the deceased alive on On Oct. 29, 1949, and that death occurred at 10:53 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Francis Warren	M.D.	2015 R St N.W.	10/30/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/31/49	Cedar Hill Cemetery	Suitland	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-31-49	W E Jones	Robert A. Pumphrey	Bethesda, Md.

RECEIVED
NOV. 4 1949
BUREAU V. R.

(512)

09868

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.; STREET ADDRESS (If rural give location) 1908-37th St N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) Olive (Middle) T (Last) Houghton

4. DATE OF DEATH: (Month) October (Day) 16 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 11-22-1873

9. AGE last birthday: 75 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Ent. Decorator

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Richard B. Travers

14. MOTHER'S MAIDEN NAME: Virginia A. Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) cardiovascular renal disease - acute congestive heart failure — 8 days

420.1 Antecedent cause(s) (b) Generalized arteriosclerosis

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Coronary occlusion - myocardial infarction — appx 6 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Subacute pancreatitis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 28, 1949, to Oct 16, 1949, that I last saw the deceased alive on Oct 16, 1949, and that death occurred at 3:15 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert L. Poole M.D. 5707 Wisconsin Ave Chevy Chase Md 10/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 10/18/49

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) (State) Wash., D.C.

DATE REC'D BY LOCAL REG. 10-17-49

REGISTRAR'S SIGNATURE M. Jobes

24. FUNERAL DIRECTOR ADDRESS

Joseph F. Birch's Sons

VS. A15

RECEIVED
DEC 20 1949
BUREAU V. S.

09869

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS (rural)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Fraser (Last) Hull
4. DATE OF DEATH (Month) Oct (Day) 31 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 12-9 1879
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John D. Hull
14. MOTHER'S MAIDEN NAME Annie P. Fraser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Daisy P. Hull

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden death
420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-31-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-3-49
NAME OF CEMETERY OR CREMATORY Rockville Union Cem.
LOCATION (City, town, or county) Rockville (State) Md.
DATE REC'D BY LOCAL REG. 11-2-49
REGISTRAR'S SIGNATURE E P Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09870

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt. 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5611 Hoover St.

3. NAME OF DECEASED (Type or Print) (First) J. (illegible) (Middle) THOMAS. (Last) HUTTON

4. DATE OF DEATH (Month) Oct. (Day) 26 (Year) 19 49

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Jan. 15, 1871

9. AGE last birthday 78 yrs. If under 1 year Months 9 Days 11 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Sugar Grove, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Hutton

14. MOTHER'S MAIDEN NAME Mary LaRue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mr Blake D. Merson (son-in-law)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive Heart failure cause	6 weeks
470.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Atypical Pneumonia right Lobe lung	6 days
	(c) Coronary Sclerosis	20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Sept, 19 49, to 26 Oct, 19 49, that I last saw the deceased alive on 25 Oct, 19 49, and that death occurred at 2:10 A m., from the causes and on the date stated above.

SIGNATURE W S Humphrey (Degree or title) MD ADDRESS Rockville Md DATE SIGNED 26 Oct 49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial-Transit

DATE THEREOF 10-28-49

NAME OF CEMETERY OR CREMATORY Glemp Cemetery

LOCATION (City, town, or county) (State) Sugar Grove, Virginia

DATE REC'D BY LOCAL REG. 10-27-49

REGISTRAR'S SIGNATURE N E Jones

24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

RECEIVED
OCT 20 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09871

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH · COUNTY Montg, Boyds, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Montg,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds Rural — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds (Rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Reid	(Last) Israel	4. DATE OF DEATH	(Month) 10 (Day) 19 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov 5th 1885	9. AGE last birthday 63 yrs.	If under 1 year Months 11 Days 14 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY "	11. BIRTHPLACE (State or foreign country) Boyds.Md,	12. CITIZEN OF WHAT COUNTRY? U S A,		
13. FATHER'S NAME Charles Reid Lsrael		14. MOTHER'S MAIDEN NAME Debroah Burdette			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Alice Grace Israel			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	½ hour
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic heart disease	10 years
	(c) Arteriosclerosis myocarditis	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	unrealized (chronic) thing abscess	15 years

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Aug, 1948, to 27 Sept, 1949, that I last saw the deceased alive on 27 Sept, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John S. Fawcett	M.D.	Boyd, Md	20 Oct 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 10/21/49	NAME OF CEMETERY OR CREMATORY Monacacy Cemetery	LOCATION (City, town, or county) (State) Beallsville.Md.
DATE REC'D BY LOCAL REG. Oct. 20, 1949	REGISTRAR'S SIGNATURE Alfreda G. Cooke	24. FUNERAL DIRECTOR Ernest C, Gartner, Gaithersburg Md,	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

I

RECEIVED
OCT 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09872

Reg. Dist. No. 216

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Montgomery COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase · LENGTH OF STAY (in this place) 7 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 West Woodbine	STREET ADDRESS (If rural give location) 17 West Woodbine St.

3. NAME OF DECEASED (Type or Print) (First) Carl (Middle) Franklin (Last) Jackson			4. DATE OF DEATH (Month) Oct. (Day) 29 (Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 9, 1899	9. AGE last birthday 50 yrs.	If under 1 year Months 5 Days 20 · If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't Manager	10b. KIND OF BUSINESS OR INDUSTRY Trucking assoc.		11. BIRTHPLACE (State or foreign country) Strongsville, Ohio	12. CITIZEN OF WHAT COUNTRY? American	
13. FATHER'S NAME Elmer Jackson			14. MOTHER'S MAIDEN NAME Nettie Jamison		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1918		16. SOCIAL SECURITY NO.	17. INFORMANT Wife		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion with Myocardial Infarction	30 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Disease	3 yrs.
	(c)	

420.1

9da

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1946, to Oct. 29, 1949, that I last saw the deceased alive on Sept. 3, 1949, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sidney Clausius	M.D.	3921 - Ingomar St. N.W. Wash.	DC

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2 Nov 1949	Arlington National Cem.	Arlington	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-31-49	W E Jobes	Robert A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Mis. 6126

Evidence for change of age shown on:

FILM No. G 122 NOV 2 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09873

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 104 Hodges Lane

3. NAME OF DECEASED (Type or Print): (First) Mathilde (Middle) Marie (Last) Jankow

4. DATE OF DEATH: (Month) October (Day) 22 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: German (White)

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 15, 1872

9. AGE last birthday: 76 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: Heinrich Bibau

14. MOTHER'S MAIDEN NAME: Katherina Wehrendt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of Liver — Interval between onset and death: ?

5810 Antecedent cause(s)

1248 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary atelectasis — 3 days

19a. DATE OF OPERATION: Oct. 19-'49

19b. MAJOR FINDINGS OF OPERATION: Cirrhosis of Liver - Jaundice

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1949, to Oct. 22, 1949, that I last saw the deceased alive on Oct. 22, 1949, and that death occurred at 6:10 P. m., from the causes and on the date stated above.

SIGNATURE: Paul V. Starr — (Degree or title): M.D. — ADDRESS: Takoma Park, Md. — DATE SIGNED: Oct. 22, 1949

23. BURIAL / CREMATION / REMOVAL (Specify): — DATE: 10/25/49 — NAME OF CEMETERY OR CREMATORY: Rock Creek Cem — LOCATION (City, town, or county) (State): Washington, DC.

DATE REC'D BY LOCAL REG.: 10/23/49 — REGISTRAR'S SIGNATURE: J. Pitton Dodd

24. FUNERAL DIRECTOR: W. W. Chambers Co — ADDRESS: 1400 Chapin St NW. Wash. DC.

RECEIVED
OCT 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09874

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7045 Wilson Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 7045 Wilson Lane

3. NAME OF DECEASED (Type or Print): (First) Janet (Middle) Balch (Last) Jeffreys

4. DATE OF DEATH: (Month) Oct. (Day) 2 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 27, 1902

9. AGE last birthday: 47 yrs. If under 1 year: Months 4, Days 3, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Burton Balch

14. MOTHER'S MAIDEN NAME: Mary Horrocks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Lee Jeffreys (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	acute cardiac failure	3-2 min
241 Antecedent cause(s)			
112 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	bronchial asthma	40 yrs.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19 48, to Oct 2, 19 49, that I last saw the deceased alive on Oct 2, 19 49, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): John M. Wyman M.D. — ADDRESS: 7901 Wisconsin Ave. Bethesda 14, Md. — DATE SIGNED: 10-3-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit — DATE: 10/3/49 — NAME OF CEMETERY OR CREMATORY: Utica, New York — LOCATION (City, town, or county) (State): Utica, New York

DATE REC'D BY LOCAL REG.: 10-3-49 — REGISTRAR'S SIGNATURE: No Jobs

24. FUNERAL DIRECTOR: Robert G. Humphrey — ADDRESS: Bethesda, Md.

RECEIVED
OCT 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09875

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-near Rockville
LENGTH OF STAY (in this place) 7 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON, D.C.
STREET ADDRESS (If rural, give location) 5071 SEDGWICK ST NW

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) M. (Last) Johnson

4. DATE OF DEATH: (Month) October (Day) 31 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: Oct SEPT 24, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months 1, Days 10, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: Unemployed

11. BIRTHPLACE (State or foreign country): MOBERLY MO.

12. CITIZEN OF WHAT COUNTRY? United States of America.

13. FATHER'S NAME: WALTER B JENNINGS

14. MOTHER'S MAIDEN NAME: MORGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Walter Morgan Johnson Jr. 5071 Sedgwick St. N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar pneumonia	36 hours
422.1 Antecedent cause(s)		
108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	5 years
	(c) Chronic encephalitis.	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic hypocarditis.	4 years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — Rock Creek Cem

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 29, 1949, to Oct 31, 1949; that I last saw the deceased alive on October 30, 1949, and that death occurred at 12.02 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wheeler O. Huff M.D. 4529 Maple Ave. Bethesda, Md. Oct 31-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 11-1-49 — NAME OF CEMETERY OR CREMATORY Rock Creek — LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 10-31-49 — REGISTRAR'S SIGNATURE W. C. Jones

24. FUNERAL DIRECTOR The A.H. Hines Co — ADDRESS 2401 14th St. NW Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 4 1949
BUREAU V. S.

09876

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

M

I

VS-A15

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 1 mo - 16 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland. — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 801 Greenwood Ave -

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Jones -

4. DATE OF DEATH (Month) 10 (Day) 14 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 12-6-62
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife -
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mold - Wales.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Edward Parry
14. MOTHER'S MAIDEN NAME: Ann Barlow -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Admission Record -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the Stomach — 4 mos ?

151 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
46b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 1949, to Oct 14, 1949, that I last saw the deceased alive on Oct 14, 1949, and that death occurred at 6.55 p.m., from the causes and on the date stated above.

SIGNATURE: Arthur E Coyne (Degree or title) M D — ADDRESS: Takoma Park Md — DATE SIGNED: 10-14-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 17, 1949 — NAME OF CEMETERY OR CREMATORY: Riverview Cemetery — LOCATION (City, town, or county) (State): Richmond, Virginia

DATE REC'D BY LOCAL REG.: 10/17/49 — REGISTRAR'S SIGNATURE: J. Nelson Dodd — 24. FUNERAL DIRECTOR: J. Arthur Walters, ADDRESS: 254 Carroll St. NW. D.C.

RECEIVED
OCT 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09877

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (Rural)
LENGTH OF STAY (in this place): 2mos6das
HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, NNMC, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: DISTRICT OF COLUMBIA — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON
STREET ADDRESS (If rural, give location): 1316 W Street, N.W. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	EDWARD	JONES	10	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Negro	Married	4-24-14	35 yrs.	5	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Jones
14. MOTHER'S MAIDEN NAME: Nettie Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: - - - -
17. INFORMANT AND ADDRESS: Wife-Ann Helen Jones, Address same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hodgkin's Lymphoma — 3 Mos.

201 Antecedent cause(s)

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 7, 1949, to Oct. 12, 1949, that I last saw the deceased alive on 12 Oct, 1949, and that death occurred at 2:05 a.m., from the causes and on the date stated above.

SIGNATURE: J. T. Jones, Jr. — (Degree or title): LTJG MC USN — ADDRESS: USNH, Bethesda, Maryland — DATE SIGNED: 10-14-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-17-49	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
10-17-49	Elizabeth Willett	JARVIS: 1132 U St. NW, Washington, DC

LH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 18 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

09878

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 62 212

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson
STREET ADDRESS R.F.D. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Titus (Last) Jones
4. DATE OF DEATH (Month) Oct (Day) 22 (Year) 1949
5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 6/18/1912
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dickerson, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Lewis J. Jones
14. MOTHER'S MAIDEN NAME Nellie J. Titus
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 579-05-7191
17. INFORMANT Lewis Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Found dead in bed

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-22-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 25-49
NAME OF CEMETERY OR CREMATORY St. Mary's
LOCATION (City, town, or county) Barnesville (State) Md

DATE REC'D BY LOCAL REG. Oct. 24, 1949
REGISTRAR'S SIGNATURE Charles W. Elgin
24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 28 1949
BUREAU V. S.

09879

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 319 Holly Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Mont
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 319 Holly Avenue

3. NAME OF DECEASED (Type or Print) (First) HARRISON (Middle) DAVID (Last) JORDAN

4. DATE OF DEATH (Month) Oct. (Day) 17 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec 23, 1865
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocerer
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (State or foreign country) Grafton, Mass
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Frederick Jordan
14. MOTHER'S MAIDEN NAME Nancy Eames

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT George Frederick Jordan - (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Infarction

420.0 Antecedent cause(s) (b) Auricular Fibrillation

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, ~~19~~, to 10-17, 1949 that I last saw the deceased alive on about 10-3, 1949, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE Dean H. Harding (Degree or title) M.D. ADDRESS 113 Carroll St N.W. Wash DC. DATE SIGNED 10-17-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/21/49
NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
LOCATION (City, town, or county) Woodville, (State) Mass.

DATE REC'D BY LOCAL REG. 10/17/49
REGISTRAR'S SIGNATURE J Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St. NW D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

Dr Brockart, Montgomery Co. Coroner, notified by telephone and stated that he would approve.

Dean W Harding MD

MARYLAND STATE DEPARTMENT OF HEALTH

09880

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fell dead on highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1912 Que St S.E.

3. NAME OF DECEASED (Type or Print) (First) Patrick (Middle) H (Last) Kane
4. DATE OF DEATH (Month) Oct (Day) 26 (Year) 1949
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 25-1887
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Navy Dept
11. BIRTHPLACE (State or foreign country) Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Scott Kane
14. MOTHER'S MAIDEN NAME Martha Heflin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT Martha E. Kane

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank J. Broschart M.S. Gaithersburg Md 10-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 29-1949
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Md

DATE REC'D BY LOCAL REG. 10-27-49
REGISTRAR'S SIGNATURE W. E. Jobes
24. FUNERAL DIRECTOR Simmons Bros. ADDRESS 2007 Nichols Ave S.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

Leon Letterman
8610 Brandt St.

OL 8219

TR 8255

"Citizen Kane"

RECEIVED
OCT 29 1949
BUREAU F. B. I.

Montg.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09881

Reg. Dist. No. 714

1. PLACE OF DEATH:

County ~~2234 Washington Ave~~

City or town Silver Springs Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:
2234 Washington Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Same County

City or town
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Zus KATZ

3.(b) Social Security Number 8

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife Gitel Katz

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1889

8. AGE: Years	Months	Days	If less than one day
60	—	—	..... hrs. ..... min.

9. Birthplace Russia
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Abraham Katz
13. Birthplace Russia

MOTHER
14. Maiden name Pearl (unknown)
15. Birthplace Russia

16. Informant Son Dan Katz
Address 1375 Locust Rd. Dec.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Oct. 17, 1949
(month) (day) (year)

Cemetery or crematory Bnai Israel Cemetery

Location Oxen Hill, Maryland.

18. Funeral director B Danzansky + Son
Address 3501 - 14 St NW.

19. Oct. 16 1949 Josephine M Schaefer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1949, at 12:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 23, 1949, to Oct. 16 1949 and that I last saw him alive on October 16, 1949

Immediate cause of death Myocardial Failure

Due to Pulmonary Embolus

Due to

Other conditions Chr. Pul. Emphysema

465
113
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul A. Lichtman M.D.
M. D. or other

Address Columbia Medical Bldg Date signed 10-16-49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

Ju - 1945

RECEIVED
OCT 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09882

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: New Jersey — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vineland
STREET ADDRESS (If rural, give location): 61 North Mulberry St. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Daisy		Keyes	Oct.	31	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	married	8-29-1883	66 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Cumberland Co. New Jersey	America

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles B. Nelson	Hannah Robbeson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Not known		The Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic Pneumonia	Terminal
170 Antecedent cause(s)		
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Lungs —	8 mos.
	(c) Metastatic from Ca. of left breast.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/27, 1949, to 10/31, 1949, that I last saw the deceased alive on 10/31, 1949, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert A. Hare M.D.	Takoma Park Md.	10/31/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Nov. 3 1949	Oakhill Cem	Vineland N.J.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 31 1949	J. William Dodd	Neal Funeral Home	4812 Ga Ave N W Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 2 1949
61 KEITH V. S.

09883

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: W. Virginia COUNTY: Berkeley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Potomac — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Martinsburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pine View Rest Home	STREET ADDRESS (If rural, give location): 112 South Maple Ave. ✓

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) E.	(Last) Kistler	4. DATE OF DEATH	(Month) Oct.	(Day) 21	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: May 4, 1866	9. AGE last birthday: 83 yrs.	If under 1 year: Months 5	Days 18	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Stroudsburg, Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Harrison S. Drake	14. MOTHER'S MAIDEN NAME: Not Known						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Irma K. Wainwright - Daughter					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	10 days
260 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease	5 yrs
61	(c) Diabetes Mellitus	7 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10, 1949, to Oct. 9, 1949, that I last saw the deceased alive on Oct. 9, 1949, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Sidney Chouanns, M.D. ADDRESS 3921-Ingomar St. N.W. Wash. D.C. DATE SIGNED 10/21/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial-Transit	DATE THEREOF: 10/23/49	NAME OF CEMETERY OR CREMATORY: Rosedale Cemetery	LOCATION (City, town, or county) (State): Martinsburg W. Virginia
DATE REC'D BY LOCAL REG. 10-21-49	REGISTRAR'S SIGNATURE: W. E. Jobes	24. FUNERAL DIRECTOR: Kogelschatz & Coffman	ADDRESS: Martinsburg, W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

RECEIVED
OCT 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09884

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring #2 Hollywood; LENGTH OF STAY (in this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring #2 Hollywood Md.
STREET ADDRESS (If rural, give location) #2 Silver Spring.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Roger	Knight	Oct.	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White		19 July 1890	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Laytonsville, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Knight	Sarah Gates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mary Eliz. Thompson (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 **Immediate cause**	(a) Acute myocardial infarction	10 Min
Antecedent cause(s) 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Angina, coronary sclerosis	3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A. D. Bomyard M.D.	Sandy Spring Md.	29 Oct. 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/1/49	Colesville Cemetery	Colesville, Montgomery, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10/31/49	[signature]	Warner & Pumphrey, Inc. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09885

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont-; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 10102 Gardiner Ave.

3. NAME OF DECEASED (Type or Print): (First) Mrs - Bessie (Middle) (Last) Kramer

4. DATE OF DEATH: (Month) Oct. (Day) 4, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec. 13, 1897

9. AGE last birthday: 51 yrs. If under 1 year: Months 9; Days 21; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Govt.

10b. KIND OF BUSINESS OR INDUSTRY: Information specialist -

11. BIRTHPLACE (State or foreign country): Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY? U.S -

13. FATHER'S NAME: Sam J. Backall

14. MOTHER'S MAIDEN NAME: Dora Malin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 453-05-5705

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 46a

Immediate cause (a) Carcinomatosis — Interval Between Onset and Death: 6 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of sigmoid — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: April '49

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Sigmoid

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1949, to 4 Oct, 1949, that I last saw the deceased alive on 4 Oct, 1949, and that death occurred at 9:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Martin L. White, M D 9715 Georgia Ave Silver Spring 4 Oct 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Oct. 7, 1949

NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG. 10-8-49

REGISTRAR'S SIGNATURE: W. E. Jones

24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey, Inc. Silver Spring, Md.

Warner E. Pumphrey, Inc.

VS. A15

RECEIVED
OCT 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09886

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA, RURAL
LENGTH OF STAY (in this place): 5 mo 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: VIRGINIA — COUNTY: ARLINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARLINGTON
STREET ADDRESS (If rural, give location): 4319 North 17th Street

3. NAME OF DECEASED (Type or Print): (First) Leo (Middle) Arthur (Last) LAWHEAD Jr.

4. DATE OF DEATH: (Month) 10 (Day) 18 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-1-23

9. AGE last birthday: 26 yrs. If under 1 year: Months 3, Days 17, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver. News delivery

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pittsburg, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Leo Lawhead

14. MOTHER'S MAIDEN NAME: Francis Fogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW II

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife: Natalie Lawhead same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myelogenous Leukemia — Interval Between Onset and Death: 2 yrs.

204.1 Antecedent cause(s)

74 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 May, 1949, to 18 October 1949, that I last saw the deceased alive on 18 October 1949, and that death occurred at 6:55 A.m., from the causes and on the date stated above.

SIGNATURE: D.E. Billman (Degree or title): D.E. BILIMAN LTJG MC USN ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD DATE SIGNED: 10-18-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 10-30-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG: OCT 26 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: W.W. Chambers 3072 M Street NW Wash DC

MD. 5-61

67
21
8824

2700
2122
503.00
48
230
172

RECEIVED
OCT 27 1969
BUREAU V. B.

09887

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 714

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place): 7 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): 9 McComas Ave.

3. NAME OF DECEASED (Type or Print)	(First) Robert	(Middle) E.	(Last) Lee	4. DATE OF DEATH	(Month) Oct.	(Day) 14	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: Nov. 17, 1871	9. AGE last birthday: 77 yrs.	If under 1 year: Months 10	Days 27	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Judge	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Stafford Co., Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mr. Paul C. Lee - Son					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage Cerebral	1 day
331 Antecedent cause(s)	(b) Arteriosclerosis Genitigeal	yrs.
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension	yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948 Oct, 19....., to 10/13/49, 19....., that I last saw the deceased alive on 10/13/49, 19....., and that death occurred at 7:40 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel Allen	MD	Kensington Md	10/14/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Oct. 17, 1949	NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery	LOCATION (City, town, or county): Forest Glen	(State): Md.
DATE REC'D BY LOCAL REG.: Oct 15, 1949	REGISTRAR'S SIGNATURE: Josephine M. Schaeffer	24. FUNERAL DIRECTOR: Robert A. Pumphrey	ADDRESS: Bethesda, Md.	

Oct 15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09888

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1040 Newton St. N.E.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Mrs Helena Lennon

4. DATE OF DEATH (Month) (Day) (Year) Oct 19 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug 29 1864
9. AGE last birthday 85 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fairfax Co. Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Justis Schneider
14. MOTHER'S MAIDEN NAME Elizabeth Egan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Sanitarium Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Terminal
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypostatic Pneumonia	Terminal
	(c) Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1945, to Oct 19, 1949, that I last saw the deceased alive on Oct 18, 1949, and that death occurred at 2:25a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert A Hare MD. Takoma Park, Md. 10/19/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE 10/20/49 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem LOCATION (City, town, or county) (State) Ft Leo County

DATE REC'D BY LOCAL REG. 10/19/49 REGISTRAR'S SIGNATURE J Hilton Dodd
24. FUNERAL DIRECTOR J William Leer Sons Co ADDRESS 300 - 4th St. N.E. Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
OCT 20 1983
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

6988J

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville Md.
STREET ADDRESS (If rural, give location): 918 Park St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Estelle	Ida	Lenz	10	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. / Days	If under 24 hrs.: Hours / Min.
F	W	Married	Aug. 3, 1906	43 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	none	Gaithersburg, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Manfield	Ida Mullican

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		none	Washington Sanitarium + Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Cardiac failure	Terminal
592 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131b	(b) Pericarditis, Uremic State.	Two Mos.
	(c) Chronic Glomeruli Nephritis + Cystic Kidneys	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 11, 1949, to Oct 22, 1949, that I last saw the deceased alive on Oct 21, 1949, and that death occurred at 6:35A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert A Hare MD	Takoma Park, Md.	10/24/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 24 1949	Forest Lawn Cemetery	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/27/49	J. Milton Dodd	Robert A Pumphrey	Bethesda Md.

RECEIVED
OCT 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09890

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4515 Ridge St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kentucky COUNTY Jefferson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Louisville
STREET ADDRESS (If rural, give location) 512 N. 39th St.

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) B. (Last) Lewis
4. DATE OF DEATH (Month) Oct. (Day) 21 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct.16,1883
9. AGE last birthday 66 yrs. If under 1 year Months 0 Days 5 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret.B&O R.R.Engineer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles A. Lewis
14. MOTHER'S MAIDEN NAME Minnie E. Arnstrong
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 705-07-3434
17. INFORMANT C. D. Rea - Nephew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank Jr. Broschart M.D. Gaithersburg Md 10-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE THEREOF 10/24/49
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Louisville (State) Ky.
DATE REC'D BY LOCAL REG. 10-21-49
REGISTRAR'S SIGNATURE W E Jobes
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09891

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OLNEY
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - GLENELG
STREET ADDRESS (If rural give location) VINEYARD ROAD

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) JAMES (Last) LONG

4. DATE OF DEATH: (Month) OCT (Day) 12 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Dec. 22, 1875

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DIRECTOR FISH HATCHERY

10b. KIND OF BUSINESS OR INDUSTRY: US GOV'T

11. BIRTHPLACE (State or foreign country): NEW YORK

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JACOB LONG

14. MOTHER'S MAIDEN NAME: HANNA GALE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT: MRS. CORA LONG (WIFE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Acute cardiac failure	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary artery occlusion	4 days
(c)		

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Complete bundle branch block — 3 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1946, to Oct. 12, 1949, that I last saw the deceased alive on Oct. 11, 1949 and that death occurred at 6:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles S. Whitaker, M.D., Clarksville, Md. Oct. 12, 1949

23. BURIAL, CREMATION / REMOVAL (Specify): BURIAL | DATE THEREOF: 10-14-49 | NAME OF CEMETERY OR CREMATORY: MT. VIEW | LOCATION (City, town, or county) (State): ALPHA, MARYLAND

DATE REC'D BY LOCAL REG. 10:12-49 | REGISTRAR'S SIGNATURE: Gertrude B Fowler | 24. FUNERAL DIRECTOR ADDRESS: F.C. HIGINBOTHOM, ELLICOTT CITY, Md.

Recd 11/1/49 - VS-2

VS. A15

RECEIVED
NOV 1 1949
BUREAU U. S.

09892

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 72 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Col. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 7129 - 7th St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) Ellen (Last) Mankin
4. DATE OF DEATH (Month) Oct (Day) 2 (Year) 1949

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 18, 1869
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Alexandria, Va.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Alexander Mankin
14. MOTHER'S MAIDEN NAME Emma Tucker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Respiratory Failure

331 Antecedent cause(s) (b) Left Cerebral Hemorrhage

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertension and Auricular Fibrillation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to 10-2, 1949, that I last saw the deceased alive on 10-2, 1949, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

SIGNATURE Dean H. Harding M.D. (Degree or title) ADDRESS 113 Carroll St. NW, Wash. D.C. DATE SIGNED 10-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/4/49.
NAME OF CEMETERY OR CREMATORY Lewinsville Presby. Church Cemetery
LOCATION (City, town, or county) (State) Lewinsville, Va.
DATE REC'D BY LOCAL REG. 10/2/49
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR [signature] ADDRESS 254 Carroll St. Takoma Park, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 4 1949
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09893

CERTIFICATE OF DEATH

Reg. Dist. No. 25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA, RURRL — LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: DISTRICT COLUMBIA — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON
STREET ADDRESS (If rural, give location): 1337 Q STREET, NW.

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) (Last) MANN

4. DATE OF DEATH: (Month) 10 (Day) 28 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-4-94

9. AGE last birthday: 55 yrs. — If under 1 year: Months 7, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Mann

14. MOTHER'S MAIDEN NAME: Louise Fitzhugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWI

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Veterans Administration

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

518 Immediate cause (a) Emphysema — 7 days

Antecedent cause(s)

110a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopleural Fistula — 7 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 3 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 October 1949, to 28 October 1949, that I last saw the deceased alive on 28 October 1949, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

SIGNATURE: J.T. JONES JR (Degree or title): LTJG MC USN ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD DATE SIGNED: 10-31-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11-2-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: 11/5/49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: W.E. JARVIS 1432 U St, NW, Wash DC

J.2.B.

RECEIVED
NOV 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09894

Reg. Dist. No. 414

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Silver Spring R.F.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS R.F.D. # 11 (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Otis (Middle) Fenton (Last) Mason

4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 1949

5. SEX: male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 6-18-'43

9. AGE last birthday: 6 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leroy Mason

14. MOTHER'S MAIDEN NAME: Margaret Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Leroy Mason (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to drowning — Interval between onset and death: 20 hrs.

929.8 / 183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. deceased wandered from home and fell in creek

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.): INJURY

(CITY OR TOWN) Mont. (COUNTY) (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Boorhart	M.D.	Gaithersburg Md.	10-13-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county)	(State)
Burial	Oct 13, 1949	Colesville Cemetery	Washington D.C.	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 13, 1949	Josephine M. Schaffer	Deal Funeral Home	4812 Ga Ave Wash D.C.

VS. A15A

RECEIVED
OCT 18 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09895

Reg. Dist. No. 213

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 212 Reading Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Virginia COUNTY Pulaski
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pulaski
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alta	Ruth	Matheney	Oct	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Single	About 1915	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurse	Dr. Bullard's San.	Virginia	United States

13. FATHER'S NAME: Jacob C. Matheney
14. MOTHER'S MAIDEN NAME: Blanche Vaughn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	Yes	Elizabeth R. Matheney-Sister

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia due to smoke	Found dead in burning home.
916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 1st, 2nd & 3rd degree burns smoking
180	(c) head and upper extremities	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	home	Rockville	Monty	md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Oct 4 '49 11 a.m.		Home burned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart	M.D.	Gaithersburg Md	10-4-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial-Transit	10/7/49	Oakwood Cemetery	Pulaski	Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-4-49	T Thompson	Robert A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09896

CERTIFICATE OF DEATH

Reg. Diat. No. X14

1. PLACE OF DEATH:
County: Montgomery
City or town: Silver Spring, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 mos.
Hospital, Institution, or street address where death occurred:
Home - about address.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: County
City or town: Forest Glen
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Dale St.
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3.(a) FULL NAME: Frederick Wilson Maulden

3.(b) Social Security Number: 579-12-1463

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Elizabeth Ellen
died 1939 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 1, 1870

8. AGE: Years	Months	Days	If less than one day
79	1	21	..... hrs. ..... min.

9. Birthplace: Accoceek, Charles, Md.
(Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Contractor

FATHER
12. Name: ?
13. Birthplace: ?

MOTHER
14. Maiden name: ?
15. Birthplace: ?

16. Informant: James Maulden, Son
Address: 9907 Grayson Ave, Silspr.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/25/49 (month) (day) (year)
Cemetery or crematory: Church of the Epithany Cemetery
Location: Forrestville, Maryland

18. Funeral director: Warren E. Pumphrey, Inc.
Address: 8434 Georgia Ave, Silver Spring, Md.

19. Oct 24, 1949 (Date rec'd by registrar) Josephine M. Schaeffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 22 19 49, at 11:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 19 49, to Oct 19 49 and that I last saw h.. alive on Oct 21 19 49

Immediate cause of death	DURATION
Cardiac decompensation	3 wks
Due to: Uremia following	3 wks
bacis underlying	
Due to: cause of death	
Adenocarcinoma of Prostate with metastases	1 yr.?
Other conditions	

177 5lb (Include pregnancy within 3 months of death)

Major findings of operations: Adenocarcinoma of prostate gland. Date of op. Sept 12, '49

Autopsy results: None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Emory E. Harmon M.D.
M. D. or other
Address: Woodmoor, Silver Spr, Md. Date signed 10/22/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
OCT 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09897

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): -2days-
HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington,
STREET ADDRESS (If rural, give location): 5331 4th St., NW, Apt. 32 ✓

3. NAME OF DECEASED (Type or Print): (First) John Norbert (Middle) Mc Cabe (Last) Infant Boy

4. DATE OF DEATH: (Month) 2 October (Day) 1949 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): --

8. DATE OF BIRTH: 9-30-49

9. AGE last birthday: -- yrs. If under 1 year: Months. -- Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Norbert Mc Cabe

14. MOTHER'S MAIDEN NAME: Parmale Eastman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -- (If year, give war or dates of service): --

16. SOCIAL SECURITY NO.: --

17. INFORMANT AND ADDRESS: Mother: Parmale McCabe 5331 4th St., NW, Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial Injury — Interval Between Onset and Death: 2 days

760.0 Antecedent cause(s)

160a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30, 1949 to Oct. 2, 1949, that I last saw the deceased alive on 2 Oct. 1949, and that death occurred at 8:07 P.m., from the causes and on the date stated above.

SIGNATURE: Paul Peterson (Degree or title): Paul Peterson, Captain MC USN ADDRESS: USNH, Bethesda, Maryland DATE SIGNED: 10-2-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10-4-49 — NAME OF CEMETERY OR CREMATORY: St. Rose Cemetery — LOCATION (City, town, or county) (State): S. Hadley Falls, Mass.

DATE REC'D BY LOCAL REG.: 10-3-49 — REGISTRAR'S SIGNATURE: Elizabeth Wilder

24. FUNERAL DIRECTOR AND ADDRESS: Collins: 3821 13th St., NW, Wash., DC — James Collins

RECEIVED
OCT 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09898

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA, RURAL
LENGTH OF STAY (in this place): 2mo 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: VIRGINIA — COUNTY: ARLINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARLINGTON
STREET ADDRESS (If rural, give location): 4237 36th ST SOUTH

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) WILLIAM (Last) McFARLANE

4. DATE OF DEATH: (Month) 10 (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-18-58

9. AGE last birthday: 90 yrs. — If under 1 year: Months 10, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tioga, texas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ROBERT M McFARLANE

14. MOTHER'S MAIDEN NAME: ISABELLE MORTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: SON: ROBERT N McFARLANE SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia

177 Antecedent cause(s)

51 lb Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pathological fracture left femur

(c) Ca prostate

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Tioga — (COUNTY): — (STATE): Texas

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 August, 1949, to 29 October 1949 that I last saw the deceased alive on 29 October, 1949, and that death occurred at 3:05 A m., from the causes and on the date stated above.

SIGNATURE: A.B. Dickson — (Degree or title): LT, MC, USN — ADDRESS: U.S.NAVAL HOSPITAL, BETHESDA, MD — DATE SIGNED: 10-29-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: — NAME OF CEMETERY OR CREMATORY: Oak Grove — LOCATION (City, town, or county) (State): Graham, Texas

DATE REC'D BY LOCAL REG.: 11/5/49 — REGISTRAR'S SIGNATURE: Elizabeth Willett — 24. FUNERAL DIRECTOR: W.W. Chambers — ADDRESS: 1400 Chapin St Wash DC

BAB

RECEIVED
[illegible] 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09899

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2131 Bancroft Place NW

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Butler (Last) McVAY (Junior)

4. DATE OF DEATH: (Month) 10 (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-19-1868

9. AGE last birthday: 81 yrs. — If under 1 year: Months 1, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ADM USN Retired

10b. KIND OF BUSINESS OR INDUSTRY: Govt.

11. BIRTHPLACE (State or foreign country): Swickley, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles B McVay Senior

14. MOTHER'S MAIDEN NAME: Annie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife: Edith R. McVay same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart disease — 10 yrs

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombus, pulmonary artery, left — 24 hrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 October 1949, to 28 October 1949, that I last saw the deceased alive on 28 October 1949, and that death occurred at 12:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.E. FITZGERALD, LTJG, MCR, USNR, U.S. NAVAL HOSPITAL, BETHESDA, MD 10-29-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 11/6/49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: Joseph Gawler, 1756 Pennsylvania Ave, NW Wash, DC

RECEIVED
NOV 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09900

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place) 12yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 New St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 111 New St.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Virginia (Last) Mills
4. DATE OF DEATH: (Month) Oct. (Day) 3 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Dec. 7, 1868
9. AGE last birthday: 80 yrs. — If under 1 year: Months 9, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Robert McK. Butt
14. MOTHER'S MAIDEN NAME: Rebecca A. Ricketts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT: Husband-John Leonard Mills

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Left ventricular failure, with cardiac asthma	6 months
422,1 Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis, arteriosclerosis	2 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus, mild	5 years

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1930, 19..., to Oct. 3, 1949, that I last saw the deceased alive on Oct. 2, 1949, and that death occurred at 2:05 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wm. R. Smithwick, M.D.	Rockville, Md.	Oct. 3, 1949.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/5/49	Rockville Union Cem.	Rockville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-4-49	E K Thompson	Robert A. Pumphrey	Bethesda, Md.

RECEIVED
OCT 6 1949
BUREAU V. S.

09901

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood
STREET ADDRESS (If rural, give location) Gen. Delivery

3. NAME OF DECEASED (Type or Print) (First) Manda (Middle) Catherine (Last) Mobley

4. DATE OF DEATH (Month) (Day) (Year) October 6 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct. 8, 1882

9. AGE last birthday 66 yrs. If under 1 year Months 2 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Unknown W. Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Taylor

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Son (Clyde Mobley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombus	5 days
332 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	20 years
83b	(c) Left Hemiplegia	3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ? 1933, to 6 Oct, 1949, that I last saw the deceased alive on Oct. 6, 1949, and that death occurred at 3 40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Md Rockville Md 6 Oct 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Oct. 9, 1949 NAME OF CEMETERY OR CREMATORY Forest Oak-Gaithersburg, Maryland LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 10-8-49 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR [signature] ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 12 1949
BUREAU V. S.

RR

09902

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, MD — LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, MD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Lee (Last) Monroe

4. DATE OF DEATH: (Month) Oct. (Day) 11 (Year) 19 9

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 26. 1859

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Green County VA.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Martin

14. MOTHER'S MAIDEN NAME: Margaret Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO

16. SOCIAL SECURITY No.: NO

17. INFORMANT: John Frank Rockville, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — TWO MONTHS

Antecedent cause(s)

420.0

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HYPERTENSIVE HEART DISEASE — TEN YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1949, to Oct 11, 1949, that I last saw the deceased alive on Oct. 10, 1949, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Gordon S. Rosenberg M.D. Rockville, Md 10/12/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct. 13 1949 — NAME OF CEMETERY OR CREMATORY: Laytonsville, MD — LOCATION (City, town, or county) (State): Montgomery, CO. MD

DATE REC'D BY LOCAL REG. 10-12-49 — REGISTRAR'S SIGNATURE: Mrs. E. P. Thompson per Floyd S. Moxley

24. FUNERAL DIRECTOR — ADDRESS: Roy W. Barber Laytonsville, MD.

VS. A15

RECEIVED
NOV 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09903

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
STREET ADDRESS (If rural give location): 300 Frederick Ave.

3. NAME OF DECEASED (Type or Print): (First) Pauline (Middle) S. (Last) Mullineaux

4. DATE OF DEATH: (Month) Oct. (Day) 18 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 10, 1900

9. AGE last birthday: 48 yrs. If under 1 year: Months 11 Days 8 If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Damascus, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: C. K. Stanley

14. MOTHER'S MAIDEN NAME: Charlotte Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Leslie Leroy Mullineaux

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemo pericardium — 6 hours

443 / 96 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rupture of aorta — 6 hours

(c) Hypertension — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Congestive Heart failure — 1 year

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 38, to 18 Oct, 19 49, that I last saw the deceased alive on 16 Oct, 19 49, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

SIGNATURE: W B Humphrey — (Degree or title) MD — ADDRESS: Rockville Md — DATE SIGNED: 19 Oct 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/21/49 — NAME OF CEMETERY OR CREMATORY: Forest Oak Cemetery — LOCATION (City, town, or county) (State): Gaithersburg Md.

DATE REC'D BY LOCAL REG. 10-21-49 — REGISTRAR'S SIGNATURE: M. E. Jobes — 24. FUNERAL DIRECTOR: Robert A. Humphrey — ADDRESS: Bethesda, Md.

RECEIVED
OCT 25 1919
BUREAU P. S.

09904

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 3 da. 12 hrs 25 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 6605 Bing Branch Rd. N.W.

3. NAME OF DECEASED (Type or Print) (First) Lewis (Middle) (Last) Becker
4. DATE OF DEATH (Month) 10 (Day) 4 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1883
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Morris Becker
14. MOTHER'S MAIDEN NAME Lena — ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Taken from admission record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis with heart failure	3 days
260 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arteriosclerosis	3 years
61	(c) Diabetes Mellitus	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1949, to Oct 4, 1949 that I last saw the deceased alive on Oct 4, 1949, and that death occurred at 1:40 A.m., from the causes and on the date stated above.

SIGNATURE Andrew J. Prandoni (Degree or title) M.D. ADDRESS 7718 Aberdeen Rd. Bethesda Md. DATE SIGNED 10/4/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 10/5-1949 NAME OF CEMETERY OR CREMATORY Beth Sholom LOCATION (City, town, or county) Hillside Md (State)

DATE REC'D BY LOCAL REG. 10-4-49 REGISTRAR'S SIGNATURE W.E. Jobes. 24. FUNERAL DIRECTOR Goldberg Funeral Home ADDRESS 4217-9th St N W Wash

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
OCT 7 1949
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09905

Reg. Dist. No. 2-23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8509 Haskin Place

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 8509 Haskin Place

3. NAME OF DECEASED (Type or Print): (First) Stanley (Middle) (Last) Perry

4. DATE OF DEATH: (Month) Oct (Day) 20 (Year) 19[illegible]9

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 16, 1887

9. AGE last birthday: 61 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of wnrk done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jacob Perry

14. MOTHER'S MAIDEN NAME: Unknown (D.C

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.:

17. INFORMANT: 3926 - 5th. St. N.W. Wash 11, Joseph J. Perry, 8509 Haskin Pl. Tak. Pk. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death

420,1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Bouchat M.D. Gaithersburg Md 10-20-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Removal & Burial | Oct. 22, 1949 | St. Stanislaus Cemetery | Wilkes-Barre, Pa.

DATE REC'D BY LOCAL REG. 10/20/49 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey, Inc. Silver Spring, Md.

VS. A15A

RECEIVED
OCT 22 1949
BUREAU V. S.

09906

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1da - 8 1/2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. Gen. Hosp. Inc

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Phillips

4. DATE OF DEATH: (Month) October (Day) 30 (Year) 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: February 1866

9. AGE last birthday: 83 ? yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D C

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Miss Betty Rice

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uraemia	5 days
592 / 131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Interstitial nephritis	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/28/49, to 10/29/49, that I last saw the deceased alive on 10/29/49, and that death occurred at 2a m., from the causes and on the date stated above.

SIGNATURE / (Degree or title) M.D. ADDRESS Sandy Spring, Md DATE SIGNED 10/30/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/2/49 — NAME OF CEMETERY OR CREMATORY Methodist — LOCATION (City, town, or county) Dickerson (State) Md.

DATE REC'D BY LOCAL REG. 11-1-49 — REGISTRAR'S SIGNATURE Gertrude B. Lawler

24. FUNERAL DIRECTOR Wm. B. Hilton — ADDRESS Barnesville Md.

VS: AT5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09907

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 138 Grant Avenue	STREET ADDRESS (If rural, give location): 138 Grant Avenue

3. NAME OF DECEASED (Type or Print)	(First) HERBERT	(Middle) R.	(Last) POPE	4. DATE OF DEATH	(Month) October (Day) 20 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan. 12, 1912	9. AGE last birthday: 37 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Washington D. C.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: John E. Pope		14. MOTHER'S MAIDEN NAME: Lottie Leizear			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Wife Mrs. Frances Pope, 138 Grant Ave. Tak. Pk. Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 4 days

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 17, 1949, to Oct. 20, 1949, that I last saw the deceased alive on Oct. 18, 1949, and that death occurred at 8:15 a. m., from the causes and on the date stated above.

SIGNATURE: J. B. Little Jno. (Degree or title) ADDRESS: 6911 5th St. Nw. Wash. 12 DC — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 10/22/49	NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery	LOCATION (City, town, or county) (State): Washington, D.C.
DATE REC'D BY LOCAL REG.: 10/20/49	REGISTRAR'S SIGNATURE: J. Wilson Dodd	24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc.	ADDRESS: Silver Spring, Md.

Warner E. Pumphrey, Inc.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Little
6911 - 5th St. N.W.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09908

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Burnt Mills Hills

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Silver Spring
STREET ADDRESS (If rural, give location): Burni Mills Hills

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) F. (Last) PRICE

4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 16, 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Price

14. MOTHER'S MAIDEN NAME: Alice Bright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 577-14-9335

17. INFORMANT AND ADDRESS: Mrs. Helen A. Price, Burnt Mills Hills Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac Dilatation	1 hour
Antecedent cause(s)	(b) Chronic Myocardial Disease	3 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis & Nephrosclerosis	3 yrs

442
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —
(CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from Nov. 2, 1940, to Oct 17, 1949, that I last saw the deceased alive on Oct 17, 1949, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE: W B Wardrop (Degree or title) MD. ADDRESS: 837 Bonifant St. Silver Spring Md. DATE SIGNED: Oct 18, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Removal & Burial
DATE: Oct. 20, 1949
NAME OF CEMETERY OR CREMATORY: Whitemarsh Memorial Park
LOCATION (City, town, or county) (State): Philadelphia, Penn.

DATE REC'D BY LOCAL REG.: Oct 19, 1949
REGISTRAR'S SIGNATURE: Josephine M. Schaeffer

24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc. ADDRESS: Silver Spring, Md.

RECEIVED
OCT 25 1949
BUREAU V. S.

RECEIVED
OCT 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09909

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mont. City - Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Route 2
STREET ADDRESS (If rural, give location) Briggs Chaney Rd. S.S Md.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Emory (Last) Priest

4. DATE OF DEATH (Month) 10 (Day) 7 (Year) 1949

5. SEX M
6. COLOR OR RACE Y
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH Mar. 4, 1857
9. AGE last birthday 92 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert E. Priest
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Mrs. Ethel M. Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Secondary Anaemia	1 mos.
Antecedent cause(s)	(b) Carcinoma of Bladder with Metastases	2 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

181
52b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Cystotomy Partial resection.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) ✓ (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 7/1/, 1948, to 10/7/, 1949, that I last saw the deceased alive on 10/7/, 1949, and that death occurred at 1300 m., from the causes and on the date stated above.

SIGNATURE J M Bird (Degree or title) M.C. ADDRESS Sandy Spring Md DATE SIGNED 10/9/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/10/49
NAME OF CEMETERY OR CREMATORY Colesville Cemetery
LOCATION (City, town, or county) Colesville Md. (State)

DATE REC'D BY LOCAL REG. 10-9-49
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Warner E. Humphrey, Inc. ADDRESS Silver Spring Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1949
BUREAU T. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09910

CERTIFICATE OF DEATH

Reg. Dist. No. 223.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 Maple Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 209 Maple Avenue

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) FRANKLIN (Last) RANDALL
4. DATE OF DEATH (Month) Oct. (Day) 4 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 18, 1866
9. AGE last birthday 83 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Govt Engineer
10b. KIND OF BUSINESS OR INDUSTRY Steam Engineer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Henry Randall
14. MOTHER'S MAIDEN NAME Maria Ramsdell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Blanche Randall - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Pulmonary edema	2 da.
331 Antecedent cause(s)			
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cerebral hemorrhage	2 da
	(c)	Arteria sclerosis	3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to Oct 4, 1949, that I last saw the deceased alive on Oct 4, 1949, and that death occurred at 2 45 P m., from the causes and on the date stated above.

SIGNATURE E. E. Quayle (Degree or title) M.D. ADDRESS 1822 Biltmore St N.W. Wash. D.C. DATE SIGNED 10/4/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct 6, 1949
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 10/4/49
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW. ADDRESS D.C.

RECEIVED
OCT 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09911

Reg. Dist. No. 215

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 32 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural, give location) 7904 Custer Rd.

3. NAME OF DECEASED (Type or Print): (First) Miller (Middle) Kline (Last) READING

4. DATE OF DEATH: (Month) Oct. (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-20-96

9. AGE last birthday: 52 yrs. If under 1 year: Months. 10 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired builder

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Cornelius Reading

14. MOTHER'S MAIDEN NAME: Aurelia Herndon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: ---

17. INFORMANT AND ADDRESS: Wife: Beulah Reading (Same as sec.2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PORTAL CIRRHOSIS (WITH MASSIVE HEMORRHAGE FROM RUPTURED ESOPHAGEAL VARIX) AND TERMINAL BRONCHOPNEUMONIA

581.0

Antecedent cause(s) (b) PORTAL CIRRHOSIS

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: MASSIVE HEM. ABOUT 24 HRS. BEFORE DEATH.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HT. DISEASE COR. SCLER. AUR. FIBR. 2/ PULM. T.B. - MOD. ADVANCED, ACTIVE. (ONE SPUTUM POS. FOR AFB)

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 7, 1949 to Oct. 9, 1949, that I last saw the deceased alive on Oct. 9, 1949 and that death occurred at 7:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. F. Park CDR MC USN

ADDRESS USNH, Bethesda, Maryland

DATE SIGNED 10-10-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 10-12-49

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 10/12/49

REGISTRAR'S SIGNATURE: Elizabeth Willett

M. FUNERAL DIRECTOR ADDRESS: PUMPHREY: 7557 Wisconsin Ave. Bethesda, Md

RECEIVED
OCT 13 1943
BUREAU T. S.

Evidence for change of birth date is shown on: FILM No. G 122 NOV 17 1949

09912

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Monty — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 E Cedar Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 7 E. Cedar Lane

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Edw. (Last) Reeside

4. DATE OF DEATH: (Month) Oct (Day) 17 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 7 1867

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dental Supply Co.

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Denison Reeside

14. MOTHER'S MAIDEN NAME: Thelka Armor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): Spanish War.

16. SOCIAL SECURITY No.:

17. INFORMANT: Miss Janet Reeside (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death.

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Bouchat M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 10.17.49

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 10-19-49 — NAME OF CEMETERY OR CREMATORY: Oak Hill — LOCATION (City, town, or county) (State): D.C.

DATE REC'D BY LOCAL REG. 10-17-49 — REGISTRAR'S SIGNATURE: W.E. Jobes.

24. FUNERAL DIRECTOR: D.H. Hines Co — ADDRESS: 2901-14 St. N.W. Wash. D.C.

RECEIVED
OCT 21 1949
FBI BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09913

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3334 7th Street, NE

3. NAME OF DECEASED (Type or Print): (First) Infant Girl (Middle) (Last) REILLY

4. DATE OF DEATH: (Month) (Day) (Year) 10-23-1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 10-20-49

9. AGE last birthday: 0 yrs. If under 1 year: Months 0, Days 3; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Bethesda, Rural, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Russell Charles Reilly

14. MOTHER'S MAIDEN NAME: Eleanor Theresa Rodgers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Father: Russell Charles Reilly same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PREMATURITY, Weight 2 lbs 13 oz. — Interval between onset and death: 3 days

770.5 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ANEMIA, ICTERUS SIMPLEX NEONATORUM

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XXX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 October 1949, to 23 October 1949, that I last saw the deceased alive on 23 October 1949, and that death occurred at 5:42 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P. PETERSON CAPTAIN, MC, USN, U.S. NAVAL HOSPITAL, BETHESDA MD 10-27-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-26-49	Arlington National	Arlington Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-5-49	Elizabeth Willett	J.T. Ryan, 317 Penna, Avenue, SE Wash DC

RECEIVED
JUL 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09914

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery General Hospital Olney Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Wilmer (Middle) Rich (Last)
4. DATE OF DEATH: (Month) Oct (Day) 16 (Year) 1949
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 10/17/1894
9. AGE last birthday: 55 yrs. — If under 1 year: Months — Days 4 — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Williams Rich
14. MOTHER'S MAIDEN NAME: Eulah Crowsdale
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	18 Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	1 Yr
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. c

19a. DATE OF OPERATION: c — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): c — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): c — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): c m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? c

22. I hereby certify that I attended the deceased from 10/10/49, to 10/16/49, that I last saw the deceased alive on 10/16/49, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
J. W. Bird M.D. Sandy Spring Md 10/16/49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 10/19/49 — NAME OF CEMETERY OR CREMATORY: Union Cemetery Burtonsville Md — LOCATION (City, town, or county): Montg. — (State): Md

DATE REC'D BY LOCAL REG.: 10-16-49 — REGISTRAR'S SIGNATURE: Gertrude B Lawler — 24. FUNERAL DIRECTOR: J. ARTHUR WALTERS — ADDRESS: 254 Carroll St. Takoma Park, D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09915

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Mont. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chev. Chase | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6316 Buckwood Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase V
STREET ADDRESS (If rural, give location) 6316 Buckwood Dr.

3. NAME OF DECEASED (Type or Print): (First) Carrol (Middle) John (Last) Riggall

4. DATE OF DEATH: (Month) Oct (Day) 29 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: Sept. 27-1887 | 9. AGE last birthday: 62 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist Broker | 10b. KIND OF BUSINESS OR INDUSTRY: People's Drug Store | 11. BIRTHPLACE (State or foreign country): New York State | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): World War I | 16. SOCIAL SECURITY NO.: 577-01-9740 | 17. INFORMANT: Mrs Esther J Riggal

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — at death

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 93d

(b) Arteriosclerotic Heart Disease — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure — 3 days

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19..., to 10/29, 1949, that I last saw the deceased alive on 10/29, 1949, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John W. Palmer Jr M.D. | ADDRESS 1835 Eye St. N.W. | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 11-1-1949 | NAME OF CEMETERY OR CREMATORY: Arlington Nat. | LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REG. 10-30-49 | REGISTRAR'S SIGNATURE: M. E. Jones | 24. FUNERAL DIRECTOR: The S. P. Hines Co | ADDRESS: 2901-14th St N.W. Wash, D.C.

09916

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) Birth
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) Gen. Del. P.O.

3. NAME OF DECEASED (Type or Print) (First) Melvin (Middle) Ellis (Last) Roberts

4. DATE OF DEATH (Month) October (Day) 20 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 10-20-49
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 16 Min. 15 mins

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Melvin Joseph Roberts
14. MOTHER'S MAIDEN NAME Mary Ellen Kemp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Melvin Joseph Roberts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity (6½ mo gestation)

776 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 ..., to 10/20, 1949, that I last saw the deceased alive on 10/20, 1949, and that death occurred at 11:20 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 10/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-25-49
NAME OF CEMETERY OR CREMATORY Potomac Church Cem. Concord
LOCATION (City, town, or county) Montgomery Co. (State) Md.

DATE REC'D BY LOCAL REG. 10-20-49
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Bethesda Calvin A. Pumphrey
ADDRESS Bethesda

Burial at Concord Cem, Bethesda Md L. C. Lang, Jr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 20 1949
JUNEAU, ALASKA

09917

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) Birth
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) Gen. Del. P.O.

3. NAME OF DECEASED (Type or Print) (First) Martin (Middle) Ellis (Last) Roberts

4. DATE OF DEATH (Month) October (Day) 21 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct. 20-49
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 20 Min. 25 min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Melvin Joseph Roberts
14. MOTHER'S MAIDEN NAME Mary Ellen Kemp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Melvin Joseph Roberts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY ~~LEADING TO~~ DEATH

Immediate cause (a) Prematurity (6½ mo gestation)

776 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/~~20~~, 1949, to 10/21, 1949 that I last saw the deceased alive on 10/20, 1949, and that death occurred at 1:40 Am., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 10/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-25-49
NAME OF CEMETERY OR CREMATORY ~~Potomac~~ Church Cem.
LOCATION (City, town, or county) Montgomery Co. (State) Md.

DATE REC'D BY LOCAL REG. 10-21-49
REGISTRAR'S SIGNATURE Concord Gertrude B Lawler
24. FUNERAL DIRECTOR Robert A. Penn Study, Bethesda L.C. Lang, Jr.
ADDRESS Bethesda

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 29 1959
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09918

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3000 McComas Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3000 McComas Ave.

3. NAME OF DECEASED (Type or Print) (First) Daisy (Middle) M. (Last) Roche
4. DATE OF DEATH (Month) Oct. (Day) 10, (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Unknown 84
9. AGE last birthday Unknown yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Found dead in bed.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M. D. ADDRESS Gaithersburg Md DATE SIGNED 10-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 12, 1949
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Suitland (State) Md.
DATE REC'D BY LOCAL REG. 10-12-49
REGISTRAR'S SIGNATURE W. E. Jobes
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09919

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Montrose-Rockville RFD
LENGTH OF STAY (in this place): 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maple Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Montrose - Rockville RFD
STREET ADDRESS (If rural, give location): Maple Ave.

3. NAME OF DECEASED (Type or Print): (First) VERDON (Middle) A. (Last) SAWYER

4. DATE OF DEATH: (Month) Oct. (Day) 31, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 31, 1903

9. AGE last birthday: 46 yrs. — If under 1 year: Months 0, Days 0, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eli W. Sawyer

14. MOTHER'S MAIDEN NAME: ? Aldridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yr., give war or dates of service)

16. SOCIAL SECURITY NO.: Yes

17. INFORMANT AND ADDRESS: Jane L. Sawyer (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial (congestive) failure — 3 months

414 Antecedent cause(s)

920 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Subacute bacterial endocarditis (strep. viridans) — March - May 1948

(c) Rheumatic endocarditis, with aortic insufficiency (Controlled by penicillin) — many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to Oct. 31, 1949, that I last saw the deceased alive on Oct. 31, 1949, and that death occurred at 1:10 A.m., from the causes and on the date stated above.

SIGNATURE: Wm A. Smithson — (Degree or title) M.D. — ADDRESS: Rockville, Md. — DATE SIGNED: Oct. 31, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 11/2/49 — NAME OF CEMETERY OR CREMATORY: Rockville Union — LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REG.: 11-2-49 — REGISTRAR'S SIGNATURE: E P Thompson

24. FUNERAL DIRECTOR: Robert A. Humphrey — ADDRESS: Bethesda, Md.

RECEIVED
1949

Evidence for changes in 14 & 17 shown on:

FILM No. G 122 OCT 25 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09920

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 45 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1511 22nd St. N.W. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Myron	Charles	Schoenly	October	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Sept 20 1886	63 yrs.	0	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Industrial Man		Pennsylvania	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Schoenly	Sally Kemmler KNELLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes	WW I		Wife: Mrs. Sally Schoenly 1511 22 ST N. W. Wash DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Decompensation	
526 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 95c	(b) Pulmonary Fibrosis	
	(c) Chronic Bronchiectasis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 20, 1949, to Oct 4, 1949, that I last saw the deceased alive on Oct 4, 1949, and that death occurred at 10:55 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. J. Kelley Lt. J.G. MCR USNR W. J. KELLEY	LTJG MCR USNR	USNH, Bethesda, Maryland	10/6/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 8, 1949	Greenwood Cemetery	Allentown, Lehigh Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/10/49	Elizabeth Willet	Pumphrey 7557 Wisc Ave. Bethesda Md.	

RECEIVED
OCT 12 1949
BUREAU T. S.

09921

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 2-10 m.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium. Takoma Park.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: ~~5715 - 10th Rd~~ Virginia — COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
STREET ADDRESS (If rural, give location): 5715 10th Rd N. Arlington V

3. NAME OF DECEASED (Type or Print): (First) ~~Suzanne~~ SUSAN (Middle) Marie (Last) Shaver
4. DATE OF DEATH: (Month) 10 (Day) 9 (Year) 49
5. SEX: Female
6. COLOR OR RACE: Wt.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —
8. DATE OF BIRTH: 10-9-49
9. AGE last birthday: — yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours 8 Min. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Takoma Park. - Maryland.
12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME: ~~Walter Thompson~~ Harold Gordon Shaver
14. MOTHER'S MAIDEN NAME: ~~Anna Daughtery~~ Catherine Louise Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) asphyxia neonatorum — 2 hrs 41 min

762.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cord 2x about neck — Prenatal

161a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9, 1949, to 10-9, 1949, that I last saw the deceased alive on 10-9, 1949, and that death occurred at 11 30 P m., from the causes and on the date stated above.

SIGNATURE: C. W. Mitchell M.D. (Degree or title) — ADDRESS: 8055-13th St. Silver Spring, Md — DATE SIGNED: 10-9-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 10/11/49 — NAME OF CEMETERY OR CREMATORY: Forest Glen Cemetery — LOCATION (City, town, or county) (State): Forest Glen, Maryland

DATE REC'D BY LOCAL REG.: Oct-10-49 — REGISTRAR'S SIGNATURE: J. Hudson Dodd — 24. FUNERAL DIRECTOR: J. Arthur Challers By Day — ADDRESS: 254 Carroll St. N.W. Takoma Park, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 18 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09922

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (Rural); LENGTH OF STAY (in this place) 27 dys; HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 812 Buchanan St., N.E. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	Gilbert	SIMS	10	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widowed	11-12-69	79 yrs.	4	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired USMC MO	Retired USMC	District of Columbia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Sims	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	SA WWI		Mrs. Dorothy Godfrey (Daughter) Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerosis, General	undetermined
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 97	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 4, 1949, to Oct. 1, 1949, that I last saw the deceased alive on Oct. 1, 1949, and that death occurred at 1:40P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. F. Queen W. F. QUEEN CDR MC USN — ADDRESS USNH, Bethesda, Md. — DATE SIGNED 10/7/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-5-49	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10/10/49	Elizabeth Miller	LEE, 4th & MASS. Ave. N.E. Washington, D.C.

C.M.B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 14 1949
BUREAU T. P.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09923

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 1928	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5501 Lincoln St.	STREET ADDRESS (If rural, give location) 5501 Lincoln St.

3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle) Isaac	(Last) Smith	4. DATE OF DEATH	(Month) Oct.	(Day) 27	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept. 7, 1873	9. AGE last birthday 76 yrs.	If under 1 year Months 1	Days 20	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. U.S. Govt.	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Millford Center, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Smith			14. MOTHER'S MAIDEN NAME Mary - Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No. No	17. INFORMANT Mrs. Jas. W. Baldwin-Daughter				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion, Myocardial Infarction	2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease	5 yrs.
	(c)	

420.1
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 26, 1949, to Oct. 27, 1949, that I last saw the deceased alive on Oct. 18, 1949, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sidney C. Cousins	M.D.	3921 Ingomar St. N.W. Wash. D.C.	10-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Oct. 31, 1949	NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	LOCATION (City, town, or county) Suitland	(State) Md.
DATE REC'D BY LOCAL REG. 10-29-49	REGISTRAR'S SIGNATURE N. E. Jobes	24. FUNERAL DIRECTOR Robert A. Humphrey	ADDRESS Bethesda, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09924

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 714

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tacoma Pk, Md
STREET ADDRESS (If rural, give location) 127 Geneva St ✓

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) (Last) Smith

4. DATE OF DEATH: (Month) October (Day) 16 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: C

7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: March 6 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months. 9 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State ~~or foreign country~~): Prince Geo. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: X

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: George Smith (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Gastric — ?

151 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 466 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) X

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. X

INJURY OCCURRED While at Work ☐ Not While At work ☐ X

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1949 to Oct. 16, 1949, that I last saw the deceased alive on Oct. 14, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Webster Sewell, M.D. Norbeck Md. Oct 16, 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Oct. 20, 1949
NAME OF CEMETERY OR CREMATORY: Lincoln memorial
LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG.: Oct 16, 1949
REGISTRAR'S SIGNATURE: Joachim Schaeffe

24. FUNERAL DIRECTOR: Ruth Dabney
ADDRESS: 442 Mass. N.W.

Permit # 211 - Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

na 0061

RECEIVED
OCT 21 1949
DEPARTMENT OF STATE

09925

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 mo 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp Takoma Park. Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 419 Cummings Lane.

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) George (Last) Snyder
4. DATE OF DEATH (Month) 10 (Day) 28 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH 3-12-1886
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Draftsman
11. BIRTHPLACE (State or foreign country) Chent Columbia Co N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Christian Snyder
14. MOTHER'S MAIDEN NAME Martha Schneider.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ?
16. SOCIAL SECURITY NO. ?
17. INFORMANT Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease
Myocardial infarction congestive failure
420.0 Antecedent cause(s) (b) Multiple infarcts of lung, pleura, pneumonia
93d
(c)

INTERVAL BETWEEN ONSET AND DEATH: 2-3 mos recent

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ last 3 years, ~~19~~, to 10/28, 1949 that I last saw the deceased alive on 10/27, 1949 and that death occurred at 4:54 a.m., from the causes and on the date stated above.

SIGNATURE B M Holden (Degree or title) M.D. ADDRESS 500 Indiana Ave NW Wash DC DATE SIGNED 10/28/49

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify)
DATE THEREOF 10-28-49
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Bethesda (State) Md.

DATE REC'D BY LOCAL REG. 10/28/49
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 29 1949
BUREAU V. S.

Joben

09926

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 6 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium	STREET ADDRESS (If rural, give location) 419 Cummings Lane

3. NAME OF DECEASED (Type or Print) (First) Melissa (Middle) Belle (Last) Snyder			4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 1949		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 7-13-75	9. AGE last birthday 74 yrs.	If under 1 year: Months 3, Days 4; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New Jersey	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Thomas B. Farrell		14. MOTHER'S MAIDEN NAME Adelaide Hatfield			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Virus Pneumonia I start, then

492 Antecedent cause(s) Cerebral thrombosis

83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatoid arthritis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from (4 yrs.), 1945, to Oct 17, 1949 that I last saw the deceased alive on Oct 17, 1949, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

SIGNATURE Chas H Holshin (Degree or title) M D ADDRESS 500 Underwood St. N.W. Wash. D.C. DATE SIGNED 10/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit	DATE 10/20/49	NAME OF CEMETERY OR CREMATORY Fairmont Cemetery	LOCATION (City, town, or county) Newark (State) N.J.
DATE REC'D BY LOCAL REG. 10/19/49	REGISTRAR'S SIGNATURE J Wm Dodd	24. FUNERAL DIRECTOR Robert A Humphrey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS-A15

RECEIVED
OCT 28 1949
BUREAU V. S.

09927

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (in this place) 24 hrs 5 m
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San and Hosp. Takoma Park. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 4612 South 30th Road. ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Baby Stevenson
4. DATE OF DEATH (Month) 10 (Day) 28 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 10-27-49
9. AGE last birthday — yrs. If under 1 year Months. Days 1-1 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Takoma Park Maryland
12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME David Blaine Stevenson
14. MOTHER'S MAIDEN NAME Helen Viola Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Hospital. Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Birth Injury of Malformation

Antecedent cause(s) (b) D. Foth

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Autopsy: 1. Intracranial hemorrhage probably due to birth injury 2. Laceration of tentorium cerebelli.

160.0
160a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27, 1949, to 10-28, 1949 that I last saw the deceased alive on 10-27, 1949, and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Julian M. Howe M.D. ADDRESS 901-20th St. N.W. DATE SIGNED 10-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 10/29/49
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.
LOCATION (City, town, or county) (State) Prince Georges Co. Md.

DATE REC'D BY LOCAL REG. 10/28/49
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR S. H. Hine Co. 2901 14th N.W. Wash-DC ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09928

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; STREET ADDRESS (If rural, give location) 1 W. Everett

3. NAME OF DECEASED (Type or Print): (First) Clark; (Middle) Wilson; (Last) Stoddard

4. DATE OF DEATH: (Month) Oct; (Day) 31; (Year) 19 49

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 6 1888

9. AGE last birthday: 61 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business Consultant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wash. DC

12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: J.C. Stoddard

14. MOTHER'S MAIDEN NAME: Lucy Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 248-09-2298

17. INFORMANT: Juliette F Stoddard

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 1/2 hr.

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Borchart M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-31-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 11/3/49; NAME OF CEMETERY OR CREMATORY: Rockville Union Cemetery; LOCATION (City, town, or county) (State): Rockville, Montgomery, Md.

DATE REC'D BY LOCAL REG. 11-2-49; REGISTRAR'S SIGNATURE W.E. Jobes

24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey, Inc. Silver Spring, Md.

VS. A15A

RECEIVED
NOV 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09929

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA, RURAL
LENGTH OF STAY (in this place): 3 mo 20 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: VIRGINIA — COUNTY: ARLINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARLINGTON
STREET ADDRESS (If rural, give location): 604 North Jackson Street ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carrie	Elizabeth	SWIFT	October	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	9-19-90	59 yrs.	0	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Washington, DC	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Aaron Fetzer	Perdita Polen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None		Son: David F Swift same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Vascular Disease	8 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart Failure	3 mos
443 93d	(c) Auricular Fibrillation	24 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 June, 1949, to 16 October 1949, that I last saw the deceased alive on 16 October, 1949, and that death occurred at 6:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E.E. SPAULDING CDR, MC, USN, U.S. NAVAL HOSPITAL, BETHESDA, MD 10-18-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/20/49	Little Britian Cemetery	Fulton Twnshp Penna

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10-20-49	Elizabeth Willett	Joseph Gawler, 1756 Penna Ave, NW, Wash DC

Joseph Gawler Son by [illegible]

RECEIVED
OCT 21 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09930

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 714

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

T

VS. A15

1. PLACE OF DEATH: COUNTY Montg. 8311 16TH ST. SILVER SP. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 15 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE SAME COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LUELLA (Middle) FREEMAN (Last) SWINDELL

4. DATE OF DEATH: (Month) Oct (Day) 14 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: AUG. 3, 1859

9. AGE last birthday: 90 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL TEACHER (RETIRED)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): WOODBURY TENN.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JAMES FREEMAN

14. MOTHER'S MAIDEN NAME: MARTHA WOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS. PEARL S COUTS, DAUGHTER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Debitation	30 min
450.0 Antecedent cause(s) 99 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio Sclerosis	5-6 yr.
	(c) Fracture of Femur	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1945, to Oct. 14, 1949, that I last saw the deceased alive on Oct 14, 1949, and that death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W B Wadrop MD 837 Bonifant St Silver Spring Md 10/14/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: OCT-17-49

NAME OF CEMETERY OR CREMATORY: FT. LINCOLN

LOCATION (City, town, or county) (State): Wash D.C.

DATE REC'D BY LOCAL REG.: Oct. 15, 1949

REGISTRAR'S SIGNATURE: Josephine M. Schaeffer

24. FUNERAL DIRECTOR: The S. N. Hines Co. 2901 ADDRESS: 14TH ST. N.W. WASH. D.C.

Oct 15

RECEIVED
OCT 19 1949
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09931

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 3mos.28das; HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 720 A St.,SE ✓

3. NAME OF DECEASED (Type or Print): (First) Royall Hale (Middle) THORN (Last)

4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-21-94

9. AGE last birthday: 55 yrs. If under 1 year: Months 5 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Arthur Thorn

14. MOTHER'S MAIDEN NAME: Lulu Hale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW1

16. SOCIAL SECURITY No. - - - - -

17. INFORMANT AND ADDRESS: Wife:Daisy B.Thorn(Same as black # 2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Thrombosis, Coronary Artery	Mnths
Antecedent cause(s)		
420.1		
94a	(b) Coronary Arteriosclerosis	5 years.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Myocardial failure	2 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1949 to Oct 11, 1949, that I last saw the deceased alive on Oct 11, 1949, and that death occurred at 6:10 P.m., from the causes and on the date stated above.

SIGNATURE: J. H. Hege (Degree or title) LT MC USN | ADDRESS: USNH, Bethesda, Maryland | DATE SIGNED: 10-14-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 10-14-49 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 10-17-49 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR ADDRESS: WASTLER: 301 E. Capital St., Wash., DC 1147

RECEIVED
OCT 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09933

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, (rural) — LENGTH OF STAY (in this place): 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 5621 2nd Place, NW

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Jacob (Last) VOLz

4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-12-94

9. AGE last birthday: 55 yrs. — If under 1 year: Months 03 Days 00 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pressman, paper

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Micheal Volz

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW1

16. SOCIAL SECURITY No.: - - - - - - - -

17. INFORMANT AND ADDRESS: Wife: Henrittea Volz (same as # 2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia Broncho — Interval between onset and death: 4 days

151 Antecedent cause(s)

46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma gastric — Interval between onset and death: 1 year most

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Sept, 1949 to 12 Oct., 1949, that I last saw the deceased alive on Oct 12, 1949, and that death occurred at 3:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. M. Hanner CDR MC USN — ADDRESS: USNH, Bethesda, Maryland — DATE SIGNED: 10-13-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10-17-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 10-17-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: E.H. HINES; 2901 14th St, NW, Wash., DC

RECEIVED
OCT 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10221

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) (Last) Wachter

4. DATE OF DEATH: (Month) 10 (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-14-1888

9. AGE last birthday: 61 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Carol County Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Unglesbee

14. MOTHER'S MAIDEN NAME: Katie Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT: William E. Wachter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
241	Immediate cause	(a) Coronary Thrombosis, Acute	Immediate
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Associated with Myocardial Infarction	Unknown
		(c) Arteriosclerotic Heart Disease	
		Bronchial Asthma.	Unknown.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 16, 1949, to Oct. 26 1949, that I last saw the deceased alive on Oct. 26, 1949, and that death occurred at 7 55 p.m., from the causes and on the date stated above.

SIGNATURE: Jack Schumacher (Degree or title) M. D. ADDRESS: Brookeville, Md. DATE SIGNED: Oct. 28, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct 29 1949 | NAME OF CEMETERY OR CREMATORY: Mt Carmell | LOCATION (City, town, or county) (State): Mont Co Md

DATE REC'D BY LOCAL REG.: 10-29-49 | REGISTRAR'S SIGNATURE: Gertrude B Fowler | 24. FUNERAL DIRECTOR: Roy W. Barber | ADDRESS: Laytonsville Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09934

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, (rural) — LENGTH OF STAY (in this place): 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 615 M St., NW.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) (n) (Last) WALKER

4. DATE OF DEATH: (Month) October (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-12-92

9. AGE last birthday: 57 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.: 23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Government Labor

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: 615 M St., NW, Wife: Celestine Walker Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lung Abscess — Interval Between Onset and Death: 4 weeks

521 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 10 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 14, 1949, to Oct. 5, 1949, that I last saw the deceased alive on Oct. 5, 1949, and that death occurred at 1:29 A.m., from the causes and on the date stated above.

SIGNATURE: J. H. Hege — (Degree or title): LT MC USN — ADDRESS: USNH, Bethesda, Maryland — DATE SIGNED: 10-5-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10-11-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG: 10-10-49 — REGISTRAR'S SIGNATURE: Elizabeth Willen — 24. FUNERAL DIRECTOR — ADDRESS: JARVIS: 1132 H St., NW, Washington, D.C.

J.W.H

RECEIVED
OCT 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

60335

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
STATE: MARYLAND
LENGTH OF STAY (in this place): 2 mo 1 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
STREET ADDRESS (If rural, give location): Naval Home

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) (n) (Last) WARD

4. DATE OF DEATH: (Month) 10-23-49 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-8-85

9. AGE last birthday: 64 yrs. If under 1 year: Months 5 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U S Navy

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Ward

14. MOTHER'S MAIDEN NAME: Janet Ferins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I & II

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Etta Ward, 27 Lamport Rd, Upper Darby Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval between Onset and Death
Immediate cause	(a) Cirrhosis, liver, Laennec's	x years
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Alcoholism	x years
	(c) Avitaminosis, multiple	x years

581.1
12-4a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — terminal

19a. DATE OF OPERATION: 9/1/49

19b. MAJOR FINDINGS OF OPERATION: Cirrhosis, liver, Laennec's

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 August, 19 49, to 23 October 19 49 that I last saw the deceased alive on 23 October 19 49, and that death occurred at 9:08 P.m., from the causes and on the date stated above.

SIGNATURE: H.T. Mankin (Degree or title) ADDRESS: H.T. MANKIN, LTJG, MCR, USNR, U S NAVAL HOSPITAL, BETHESDA, MD DATE SIGNED: 10-25-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 10-27-49
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 10-25-49
REGISTRAR'S SIGNATURE: Elizabeth Willett
24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers 1400 Chapin St, NW, WashDC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09936

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manor Club, Rockville Rd 6
LENGTH OF STAY (In this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co Gen Hosp Glen Mt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Germantown COUNTY Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Bowie (Middle) Waters (Last)

4. DATE OF DEATH (Month) October (Day) 28 (Year) 1949

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1/16/1870
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Sawyer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Horace Waters
14. MOTHER'S MAIDEN NAME Mary Etchison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis	1 yr
181 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 52b	(b) Carcinoma of Bladder	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1/10/48
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bladder
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1/10/, 1948, to 10/28/, 1949 that I last saw the deceased alive on 10/24, 1949 and that death occurred at 9.12 P m., from the causes and on the date stated above.

SIGNATURE J. W. Bird (Degree or title) M.D. ADDRESS Sandy Spring Md DATE SIGNED 10/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 30 - 49
NAME OF CEMETERY OR CREMATORY Neelsville Church Com
LOCATION (City, town, or county) Neelsville Md (State)

DATE REC'D BY LOCAL REG. 10-28-49
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert A. Pumphrey - ADDRESS Bethesda
L. E. Kemp, Jr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09937

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 1mos 5days
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2126 Conn.Ave, N.W., ✓

3. NAME OF DECEASED (Type or Print): (First) Adolphus (Middle) Eugene (Last) WATSON
4. DATE OF DEATH: (Month) October (Day) 3 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-9-78
9. AGE last birthday: 71 yrs. If under 1 year: Months 2, Days 27; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Navy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Eugene W. Watson
14. MOTHER'S MAIDEN NAME: Virginia Cruse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW1-WW1
16. SOCIAL SECURITY No. --
17. INFORMANT AND ADDRESS: 2126 Conn. Ave., N.W., Wife:Genieve G.Watson: Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of lung with metastasis	17 months
162 Antecedent cause(s)		
47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: atherosclerosis. — 5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At wnrk ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1949, to Oct. 3, 1949, that I last saw the deceased alive on 3 Oct., 1949, and that death occurred at 8:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
T. E. JARRETT, CDR MC USN — USNH, Bethesda, Maryland — 10-3-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 10-6-49
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington Virginia

DATE RECD. BY LOCAL REGISTRAR: 10/10/49
REGISTRAR'S SIGNATURE: Elizabeth Willett
24. FUNERAL DIRECTOR ADDRESS: GAWLER:1756 Penn Ave., Washington, D.C.

RECEIVED
OCT 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09938

CERTIFICATE OF DEATH

Reg. Dist. No. ~~245~~ 216

1. PLACE OF DEATH
COUNTY SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 6114-40th Ave.,

3. NAME OF DECEASED (Type or Print) (First) ~~Baby~~ Richard (Middle) ~~Boy~~ Lee (Last) White

4. DATE OF DEATH (Month) (Day) (Year) October 29 1949

5. SEX Male

6. COLOR OR RACE Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Oct. 28, 1949

9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 15+ Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William E. White

14. MOTHER'S MAIDEN NAME Jeane A. Torrance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS mother-6114-40th Ave., Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

755 Immediate cause (a) Cardio-respiratory failure

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature infant

(c) Cleft palate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 28, 1949, to Oct. 29, 1949, that I last saw the deceased alive on Oct. 29, 1949, and that death occurred at 12 55 P.m., from the causes and on the date stated above.

SIGNATURE Frank A. Zack (Degree or title) M.D. ADDRESS 8248 Georgia Ave Silver Spring Md DATE SIGNED 10-29-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Nov 1, 1949 NAME OF CEMETERY OR CREMATORY Lt Lincoln LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. Oct. 31" 1949 REGISTRAR'S SIGNATURE Mrs. Jas Severe (Deputy) Mr. Wm. Jones

24. FUNERAL DIRECTOR F. Gesche sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.A15

RECEIVED
NOV 2 1949
BUREAU V. S.

09939

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, (Rural) — LENGTH OF STAY (in this place) -8 days-
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Michigan — COUNTY MacComb
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Detroit
STREET ADDRESS (If rural, give location) 22453 Gascony Street

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) Gordon (Last) Whitehouse

4. DATE OF DEATH (Month) (Day) (Year) October 2 1949

5. SEX Male — Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 8-19-90

9. AGE last birthday 59 yrs. — If under 1 year: Months 1, Days 13, Hours, Min. — If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter Decorator & Rubber Worker - Akron O.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) BakerCity, Oregon

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Clarence Whitehouse

14. MOTHER'S MAIDEN NAME Sarah Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If year, give war or dates of service) WW1

16. SOCIAL SECURITY No. ---

17. INFORMANT AND ADDRESS 22453 Gascony Street, Wife: Cora E. Whitehouse Detroit, Michigan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Atelectasis	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adenocarcinoma Gastric	12 mos
	(c)	

151 46

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10-1-49

19b. MAJOR FINDINGS OF OPERATION Gastric Carcinoma

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 24, 1949, to Oct. 2, 1949 that I last saw the deceased alive on Oct. 2, 1949, and that death occurred at 7:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

J. M. Hanner — J. M. Hanner, CDR MC USN — USNH, Bethesda, Maryland — 10-2-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 10-4-49

NAME OF CEMETERY OR CREMATORY Clinton Grove

LOCATION (City, town, or county) (State) Mt. Clemens, Michigan

DATE REC'D BY LOCAL REG. 10-4-49

REGISTRAR'S SIGNATURE Elizabeth Willett — Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS

Chambers: 3072 M St. NW, Washington, DC D.C.

RECEIVED
OCT 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09940

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 611 Sligo Avenue

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) N M I (Last) Williams

4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. / Days	If under 24 hrs.: Hours / Min.
F	W	Widow	March 28, 1875	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	none	Swansea, South Wales	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Lewis	Elizabeth Standing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
none			Washington Sanitarium + Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 10/19/49

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Sclerosis + Hypertension Known — 2 1/2 yrs

(c)

420.1 94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/1/19 46, to 10/23/49, that I last saw the deceased alive on 10/22/49, and that death occurred at 3 10 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Howard F. Moore	M.D.	28 Carroll Ave Takoma Park Md.	OCT 27 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/26/49	Cedar Hill Cem.	Prince George's Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/23/49	J. Nelson Dodd	S. E. Hines Co.	2901-14th St. N.W. Washington D. C.

RECEIVED
OCT 25 1949
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 122 OCT 21 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

09541

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1508 Ballard Ave.,

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) (Last) Williams

4. DATE OF DEATH (Month) Oct (Day) 11 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Oct 8, 1863

9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY. Pension office

11. BIRTHPLACE (State or foreign country) Kansas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ralph Williams

14. MOTHER'S MAIDEN NAME Mary Hume

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Ada Coe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary edema	6 da
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular renal disease	4 yrs
131a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to Oct 11, 1949, that I last saw the deceased alive on Oct 10, 1949, and that death occurred at 10:05 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 1822 Beltrame St N.W. DATE SIGNED Wash. D.C.

23. DIRECT CREMATION REMOVAL (Specify) XXXXXXX

DATE THEREOF Oct 12, 1949

NAME OF CEMETERY OR CREMATORY Lee's Crematory

LOCATION (City, town, or county) (State) 300 4th st., N. E.

DATE REC'D BY LOCAL REG. Oct. 11, 1949

REGISTRAR'S SIGNATURE Josephine M. Schaeffer

24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS 300 4th St NEDC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

10/11/49

RECEIVED
OCT 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09942

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: New Jersey — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jersey City
STREET ADDRESS (If rural, give location): 57 Bright Street

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) Theresa (Last) WISNIEWSKI

4. DATE OF DEATH: (Month) (Day) (Year) 10-23-1949 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-11-1949

9. AGE last birthday: 0 yrs. If under 1 year: Months 2, Days 12; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bermuda

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Chester Wisniewski

14. MOTHER'S MAIDEN NAME: Claire Brudnicki

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Father: Chester Wisniewski, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Heart Disease (anomalous Pulmonary Vein) — Interval Between Onset and Death: 2 mo 12 days

754.4 Antecedent cause(s)

157e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 October 19 49, to 23 October 19 49, that I last saw the deceased alive on 23 October 19 49, and that death occurred at 12:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.T. Fowler Jr J.T. FOWLER JR CDR, MC, USN, U.S.NAVAL HOSPITAL, BETHESDA, MD. 10-25-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 10-28-49

NAME OF CEMETERY OR CREMATORY: St Joseph's

LOCATION (City, town, or county) (State): Lindhurst, New Jersey

DATE REC'D BY LOCAL REG.: 10-25-49

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: W.W. Chambers

ADDRESS: 3072 M St, NW Wash DC